Report of PLACE Assessments in Tashkent, Uzbekistan, Central Asia

2002 and 2003



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Executive Summary

Why was PLACE conducted in Tashkent, Uzbekistan?

There is limited HIV surveillance in Uzbekistan. In 2001, available surveillance data suggested that the HIV epidemic is concentrated among urban injection drug users (IDUs). Models of the epidemic predicted that it could spread from IDUs to the general population via heterosexual transmission. The PLACE (Priorities for Local AIDS Control Efforts) protocol was implemented in Tashkent in 2002 to determine whether there was any evidence of overlap in the injecting drug user and sexual networks and to identify where HIV prevention efforts should focus to minimize HIV transmission. A follow-up assessment was planned for 2003 to determine to what extent AIDS prevention programs had successfully reached target sites and whether gaps remained in program coverage. This report summarizes the findings of these two assessments.

Unfortunately, the interim period between assessments was not sufficient to implement the range of prevention activities anticipated. Consequently, the "follow-up" assessment in 2003 was essentially a repeat of the 2002 assessment, although some improvements were made to the protocol and additional objectives added. Funding for these assessments was provided by USAID through the MEASURE *Evaluation* project.

What were the specific aims of the PLACE protocol?

The specific aims of PLACE 2002 and PLACE 2003 were to identify areas within the city and specific sites within these areas where HIV transmission is likely to occur and to examine the change in these over time. There were several additional secondary objectives of the 2003 study, including an assessment of the reliability of the method to monitor, in absence of an intervention, the characteristics of sites where people meet new sexual partners, commercial sex workers solicit clients, and injection drug users socialize as well as the characteristics of people who socialize at these sites. Secondly, the assessment included additional questions provided by local intervention groups to help focus and monitor prevention programs. Finally, the assessment sought to collect more complete information to estimate the size of most at risk populations in Tashkent.

Sexual and IDU networks in Tashkent are extensive and diffuse but stable. There was significant overlap between youth, sex workers, clients, and IDUs socializing at sites.

Two PLACE assessments were conducted in Tashkent, Uzbekistan one year apart. With a couple of notable exceptions, such as decreased condom availability at sites and increased needle sharing among IDUs, the characteristics of the sites and the people socializing at them did not change from 2002 to 2003.

Over 1150 unique sites in 2002 and 684 unique sites in 2003 were identified by 2200 key informants as places where people meet new sexual partners, commercial sex workers solicit clients, and/or injection drug users socialize. There was significant overlap among youth, injection drug users, and commercial sex workers and clients socializing at the sites. Individuals socializing at over half of the sites met new sexual partners while at the sites and injection drug users socialized at 30% of the sites. In fact, over 20% of the sites had both individuals who met new sexual partners and injection drug users socializing

there. Approximately 13% of sites had individuals who met new sexual partners, at least some youth, commercial sex workers soliciting clients, and IDUs socializing at the site. Sites with overlapping, high-risk populations serve as a bridge between the sexual and drug use networks and can potentially facilitate the spread of the epidemic currently concentrated among the IDU population to an epidemic with widespread heterosexual transmission.

The rate of new partnership formation remained high and increased slightly among women. A high proportion of men visited commercial sex workers.

A total of 3449 individuals socializing at 160 sites were interviewed. Each year, this sample included approximately 1,900 youth, 500 commercial sex workers and 500 clients, and 400 injection drug users. Approximately 29% of men in 2002 and 34% in 2003 socializing at the sites reported at least one new partner during the past four weeks. The proportion of women at the sites with at least one new partner increased from 27% in 2002 to 42% in 2003. Two-thirds of men who had a regular partner during the past 12 months also had at least one new partner during this same time period. The proportion of women with both a regular and new partner during the past 12 months was slightly lower than that among men but still over half of women had both a new and regular partner. Approximately a quarter of men each year had given money in exchange for sex during the past three months.

Condom availability at sites decreased and use remained high, but not consistent, with new partners.

The proportion of sites where condoms were always available during the past 12 months decreased from 36% in 2002 to 15% in 2003. Similarly, the proportion of interviewers who saw condoms at the site on the day of the interview decreased from 22% in 2002 to 9% in 2003. Reported condom use with new partners remained high among all sub-populations in 2002 and 2003. Among patrons with at least one new partner in the past four weeks, approximately 70% of men and 80% of women reported using a condom with the last new partner in the past four weeks. However, condom use is self-reported and could potentially be over-reported. The proportion who reported always using a condom with new partners in the past four weeks was lower indicating that condom use with new partners was not consistent.

Perception of drug use within the units is mixed. High risk behaviors by IDUs decreased between 2002 and 2003.

Key informants thought that injection drug use decreased in the area from 2002 to 2003, site representatives thought it did not change, and individuals socializing at the sites thought that it increased during the same time period.

High risk behaviors among IDUs increased from 2002 to 2003. Among male IDUs who had injected drugs within the past six months, the proportion who had shared a syringe at last injection, who shared a syringe in the past four weeks, and who took drugs from a common reservoir in the past four weeks, all increased substantially between 2002 and 2003. Similarly, the main social context in which male IDUs in Tashkent took drugs changed from always taking drugs individuals to always taking drugs with the same group.

Program implications of the assessment:

Interventions need to be focused on sites where people meet new partners, youth socialize, commercial sex workers solicit clients, and injection drug users socialize while maintaining a strong general population prevention program.

The PLACE method provided significant insight into the sexual and injection drug use networks in Tashkent. These networks were extensive and diffuse and there was significant overlap between high-risk populations socializing at the sites. Priority sites for intervention should include sites where people meet new sexual partners, youth socialize, commercial sex workers solicit clients, and injection drug users socialize, and in particular, where these high-risk populations overlap. These overlap sites should be targeted with a site-based prevention program to reduce the likelihood of transmission across different physical modes of transmission and across different risk population subgroups. Characteristics of the individuals socializing at these priority sites can be used to develop and tailor prevention programs and for indicators to monitor the intervention.

Summary of Indicators from Assessment

Results from	PLACE Assessments in Tashkent, Uzbekistan, 2002 and 2003:	

Partners: USAID/CAR, MEASURE *Evaluation* Project at UNC, FACT Social Research Agency, Tashkent

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Chi	ra	cte	PIC	tice

Population	2.1 million		
Scope of Assessment			
	2002	2003	
City-wide assessment	Yes	Yes	
Identification of areas or "units" of city and social sites within "units" where people meet new partners and/or drug injectors socialize	Yes	Yes	
Mapping of sites	No	No	
Characterization of sexual and injecting networks at sites	Yes	Yes	
Characterization of overlaps of sexual and injecting networks	Yes	Yes	
Identification of gaps in prevention programs	Yes	Yes	

Step 1 Results from Focus Groups/In-Depth Interviews to Identify Units of the City Where People Meet New Sexual Partners and Where IDUs can be Found

	2002	2003
Number of Focus Group Discussions held	6	0
Number of In-Depth interviews held with police and IDU	40	0
Number of units identified by Focus Groups/In-Depth Interviews	157	0

Step 2 Results from Key Informant Interviews Within Areas to Identify Specific Sites Where People Meet Sexual Partners or Where Drug Injectors Can be Found

	2002	2003
Days of key informant interviewing	9	9
Number of interviewers	19	13
Number of key informant interviews	1,206	1,000
Number of key informant reports	5,866	3,630
Number of reports for sites located within a 10 minute walk of where KI interviewed	1,752	1,032
Number of reports for sites located within a 10 minute walk of where KI interviewed	4,114	2,598
Number of unique sites reported in all units	1,157	684
Percent of Key Informants who:		
Believe injecting drug use occurs in area	95%	43%
Has seen syringes lying around in last four weeks in area	39%	25%
Report sex workers solicit customers in area	91%	89%
Percent of sites reported where Key Informants believe:		
People meet new sexual partners	79%	87%
IDUs can be found	45%	21%
Syringes can be found	37%	27%
Sex workers solicit customers	75%	68%

Step 3 Results from Visits to Sites Identified by Key Informan Characteristics of Sites and Patrons as Reported by a Site Representative at the Site		r Observation
	2002	2003
Total Number of Unique Sites Named by Key Informants	1,157	684
Number of Refusals, Sites not Found, Sites Closed, Duplicate Sites	72	161
Number of Sites Excluded		101
Note: Criteria for excluding sites for site verification were based on number of	637	136
times the site was named by key informants, location, and type of site.		
Number of Sites Visited, Verified, Characterized	N=448	N=448
% of sites where site representative reports that:		
People meet new sexual partners at site	50.3	54.0
Injection drug users can be found at site	30.8	29.7
People meet new sexual partners <u>and</u> IDUs are at site People meet new sexual partners <u>or</u> IDUs are at site	29.5 59.6	20.1
Type of site (By observation):	39.0	63.6
Bar, Café, Restaurant	31.3	25.2
Night Club, Disco, Casino	6.5	6.5
• Sauna	0.2	0.7
Hotel	2.2	1.1
Billiards, Game Club, Computer Club	3.4	0.7
Dormitory, Private Apartment, Flat	3.6	1.2
Basement, Roof, Stairwells, Unused Abandoned Building	2.2	0.9
 Basement, Root, Stairwells, Unused Abandoned Building School, College, Technical 	4.2	0.9
	24.3	32.8
 Street, Waste, Yard Activities On-site (By interview): 	24.3	32.0
Beer	67.6	64.3
	57.8	50.2
Hard Alcohol Grant to	11.8	7.4
• Computer Games	75.7	52.9
• Eating	27.2	22.3
• Dancing	1.6	2.2
Striptease Several Portnershing Formed On site (Projectory ions)	1.0	2.2
Sexual Partnerships Formed On-site (By interview):	46.9	53.4
Men meet women	43.3	48.2
• Women meet men	3.1	6.3
• Men meet men	6.0	10.5
Someone facilitates partnership formation	27.7	29.5
 Sex workers solicit Percent of sites with Patrons who are (By interview): 	21.1	29.3
	73.2	85.7
	69.9	85.5
1 charte statemes	60.0	73.0
• Men under age 18	63.2	70.4
• Women under age 18	29.9	30.4
• Male IDUs	20.8	11.4
• Female IDUs Perception of how common IDU is in area (By interview):	20.8	11.4
	7.8	6.7
Very commonSomewhat common	23.0	25.7
	44.6	52.0
Not very common	24.6	15.6
• Does not occur	25.0	29.0
Percent who have seen used syringes lying inside or outside sites Condoms and AIDS Prayentian (mostly by interview):	23.0	49.U
Condoms and AIDS Prevention (mostly by interview):	52.5	65.9
• % where condoms never available past 12 months	21.9	16.1
• % where condoms seen on site (observation)	56.9	68.1
• % where condoms available within 10 minutes		
• % where sites willing to sell condoms	44.2	36.4
• % that ever had HIV/AIDS prevention programs	7.6	4.5
% willing to have AIDS prevention program	60.0	72.5

Step 4 Results from Interviews with People Socializing at Sites Where People Meet New Sexual Partners and				
Injection Drug Users Socialize - Characteristics of People at Sites				
	2002 (%)	2003 (%)		
Number of sites where interviews conducted	104	56		
% of verified sites where individual interviews conducted	23.2	12.5		
Number of men interviewed	1,203	627		
Percent of Men (age 18 and older) Socializing at Sites Who:				
• Are 18-24	54.2	41.8		
Are married or living in union	42.3	45.6		
Employed fulltime	54.5	53.3		
Are students	29.8	21.5		
• Visit the site every day	24.8	15.8		
Believe people meet new sexual partners at site	58.5	75.4		
Have ever attracted a new sexual partner at the site	22.1	27.9		
- Of those, used a condom with most recent partner from site	58.4	58.8		
 Have a condom with them that was seen by interviewer 	8.8	9.3		
Rate of Partnerships:				
 Had a new sexual partner in the past four weeks 	29.2	34.3		
- Of those, used a condom with most recent new partner	67.1	68.5		
• Had a new sexual partner in the past 12 months	61.0	69.7		
Have a regular, long-term partner	69.6	72.4		
Have had sex with a man in the past four weeks	0.6	0.8		
• Given money or gifts in exchange for sex in the past 3 months	22.8	26.5		
Percent of Men Socializing at Sites Who:				
Believe drug use is very common in area	5.6	19.3		
Believe that IDUs socialize at site of interview	37.7	54.4		
Have ever injected drugs	5.4	32.2		
-Of those who injected drugs in the past six months				
- Shared a needle the last time he injected	13.5	39.1		
Number of women interviewed	1,036	583		
Percent of Women (age 18 and older) Socializing at Sites Who:	,			
• Are 18-24	58.9	58.8		
Are married or living in union	36.4	30.7		
Employed fulltime	33.7	32.1		
• Are students	30.3	23.0		
• Visit the site every day	22.2	17.0		
Believe people meet new sexual partners at site	61.8	76.0		
 Have ever attracted a new sexual partner at the site 	25.3	39.5		
- Of those, used a condom with most recent partner from site	71.2	73.6		
 Have a condom with them that was seen by interviewer 	7.7	16.8		
Rate of Partnerships:	7.7	10.0		
Had a new sexual partner in the past four weeks	27.3	42.0		
- Of those, used a condom with most recent new partner	79.0	80.3		
 Had a new sexual partner in the past 12 months 	46.4	61.7		
Have a regular, long-term partner	61.5	72.0		
	22.1	43.6		
• Received money or gifts in for sex in the past 3 months Percent of Women Socializing at Sites Who:	22.1	43.0		
	7.3	17.2		
Believe drug use is very common in area Policy that IDUs socialize at sits of interview.	40.9	43.7		
Believe that IDUs socialize at site of interview				
Have ever injected drugs Of those who injected drugs in the past six months.	1.8	7.9		
-Of those who injected drugs in the past six months	4.0	50.0		
- Shared a needle the last time she injected	4.0	50.0		

Background and Objectives

This report compares the results from the 2002 and 2003 PLACE assessments in Tashkent, Uzbekistan. A comparison of the 2002 results from Tashkent with the results from Almaty, Karaganda, and Osh are available in a separate report as are the comparisons of the 2002 and 2003 assessments for each of these cities.

A. Background and Objectives

Status of HIV/AIDS Epidemic in Uzbekistan

The spread of HIV infection in Uzbekistan is still in an early stage but transmission of the virus is increasing significantly (1, 2). Between 1987 and 1998 the epidemic was sporadic with a dominant sexual transmission pattern (2). Since 1999 an intensive increase in the rate of new injection drug use associated cases of HIV has been observed and injection drug use has emerged as the main transmission route (14). Co-infection with hepatitis B and C and with syphilis is higher among IDUs than among groups with sexual risk factors. The highest number of HIV cases has been identified in Tashkent. By then end of December 2001, a total of 780 cases of HIV had been reported in Uzbekistan (3). However, Uzbekistan does not have a functioning sentinel surveillance system and USAID in its regional strategy document estimated that the actual number of cases was 10 times higher. Because activities such as injection drug use, commercial sex work, and homosexuality are prosecuted by law in Uzbekistan, large scale screening would probably miss a significant number of HIV infected individuals among risk groups. Furthermore, the low prevalence of infection, however, may mask high incidence of infection among some sub-populations in particular geographic areas of the region.

B. Role of PLACE Assessments in USAID Regional Strategy

In December 2001, MEASURE *Evaluation* met with the Central Asia Regional Office of USAID to negotiate a scope of work for implementing PLACE assessments to support the Regional AIDS prevention strategy. MEASURE *Evaluation* agreed to provide technical assistance to the region for focusing, informing, and monitoring AIDS prevention programs using the PLACE method. USAID wants a comprehensive and integrated approach to HIV/AIDS prevention in Central Asia during the period when window of intervention opportunity may be closing rapidly. USAID target populations for intervention include "vulnerable" youth aged 15 to 25 years and people engaging in high risk behaviors such as injecting drug users (IDUs) and commercial sex workers and their clients.

Between December 2001 and April 2002 a strategy for implementing PLACE assessments was developed based on discussion with the CAR Regional Office. Key features of this strategy include the following:

• Initial implementation of the assessment in Almaty, Kazakhstan and subsequently in an additional three cities, Karaganda, Kazakhstan, Osh, Kyrgyzstan, and Tashkent, Uzbekistan, along the narcotic trade routes from Afghanistan to Eastern Europe.

Almaty was selected to serve as the pilot city for the region during which the protocol, indicators, and training materials were fully adapted to the pattern of injection drug use and sexual partnerships in the region. In addition, the Almaty assessment served as hands-on experience for a team of trainers from Karaganda, Osh, and Tashkent, who carried the method to their cities for assessments in 2002 and 2003.

• Re-assessment in 2003.

The strategy covered 18 months of activities. There is a strong commitment to building local capacity for implementing the assessments. The assessments occurred in cities where USAID is supporting harm reduction and condom promotion programs according to a time frame that allows the assessments to provide data for monitoring programs.

C. Objectives of PLACE in the USAID Regional Strategy

Overall, the role of the PLACE method in the Region is to focus, inform, and monitor AIDS prevention activities. The method was considered appropriate because the epidemic is geographically clustered and a site-based approach for prevention programming is reasonable. Specific objectives of the PLACE assessments:

- To describe sexual and injection drug use networks in cities with highest incidence of HIV infection, specifically:
 - To identify geographic areas within each city where the networks operate and sites within these areas where injection drug users and people with high rates of new partner acquisition can be accessed
 - To describe the socio-demographic and behavioral characteristics of members of the networks, their knowledge of AIDS transmission routes and protective behaviors, and their exposure to interventions
 - To estimate the extent of youth participation in networks.
- Within each city, to identify specific priority sites for condom promotion and harm reduction programs so that educational messages, condoms, and clean needles are accessible to sexual and injection drug use networks, with a particular focus on youth
- To provide site-based indicators for each city of the extent to which:
 - injection drug users have access to harm reduction programs
 - people who have many new sexual partners have access to and use condoms
 - there is overlap between the IDU and sex networks

The assessment was divided into four phases:

- (1) a preparation phase that occurred before the first PLACE assessment was fielded;
- (2) a pilot phase during which the first assessment was conducted under heavy scrutiny;

- (3) a roll-out phase where the method was implemented in several cities; and
- (4) 2003 assessments that occurred in May-August 2003

Preparation Phase Activities January-April 2002

MEASURE Evaluation staff discussed with PSI/Washington and the Mission how the PLACE
protocol could be adapted to provide maximum information to condom social marketing and youth
programs.

- PLACE data collection forms were revised based on information from PSI and Soros Foundation. Final questionnaires and protocol were ready by February 27, 2002. The process for obtaining ethical review of the protocol in Uzbekistan in general and in Tashkent in particular was determined.
- The PLACE protocol was submitted to UNC Institutional Review Board for ethics review in March, 2002, and field work members and a local field work coordinator were identified.

Pilot Phase: Implementation of PLACE Protocol in Almaty, Kazakhstan May-June 2002

- Implementation of PLACE protocol in Almaty (May 2002)
- Protocol revised for other cities

Roll-Out Phase for 2002 Assessments including Tashkent (May-November 2002)

- Workshop for cities interested in implementing PLACE protocol (May, 2002)
- Follow-up email to detail timeframes, budgets, and subagreements
- Implementation of PLACE protocol in other cities
- Preliminary results and tables provided (November 2002)
- Feedback session for 2002 Assessment Results held in Almaty with local intervention groups (June 2003)
- Final report for 2002 Assessments available (Spring 2004)

2003 Assessments (June-October 2003)

• Implementation in Almaty, Karaganda, Osh and Tashkent (June-October 2003)

D. Overview of the PLACE Protocol

Methods for monitoring and evaluating AIDS prevention efforts are urgently needed. Because resources for interventions are limited, there is an immediate need to focus interventions where they are most cost-effective. Identifying geographic areas where HIV incidence is highest has proven challenging because of the difficulty of identifying these areas using low-tech approaches that can be locally implemented. Population-based sero-surveys to identify empirically areas with high HIV incidence are rarely conducted due to cost, feasibility, loss to follow-up, and ethical concerns. The PLACE (Priorities for Local AIDS Control Efforts) method is a monitoring tool to identify high transmission areas and the specific sites within these areas where AIDS prevention programs should be focused.

The PLACE approach acknowledges that contextual factors are often associated with areas where HIV incidence is high. These include:

- Poverty and unemployment
- Drug abuse
- Crime
- Lack of health care services
- Alcohol consumption
- High population mobility
- Urbanization and rapid growth
- High male to female ratio.

Consequently, the first step in the PLACE method is to use available epidemiologic and contextual information to identify areas in a city or health district likely to have a higher incidence of HIV infection (Figure 1). Subsequent steps use rapid field methods to identify and characterize sites within these areas where people with many new sexual partners and/or where injecting drug users can be reached by prevention programs. Characteristics of the people who socialize at these sites are obtained to confirm whether interventions at these sites would reach people with a high rate of new partner acquisition and/or people who inject drugs. Finally, the data are used to inform interventions in the area.

The method focuses on places where new sexual partnerships are formed and places where injection drug users can be reached because the pattern of new sexual and needle sharing partnerships in a community shapes its HIV epidemic. This method was developed at the University of North Carolina and pilot tested in 1999 in Cape Town, South Africa in collaboration with the University of Cape Town. USAID has supported development of the method through MEASURE *Evaluation* Project.

Figure 1. The five steps of the PLACE protocol.

Step	Objective
1	To identify areas in the city where HIV incidence is likely to be high
2	Within these areas, to identify specific sites where people meet new sexual partners and where IDUs socialize
3	To visit, map, and characterize these sites
4	To describe the characteristics of people socializing at sites
5	To use findings to inform interventions

Step 1: Identifying Areas for Assessment in Tashkent

A. Objectives

The objective of the first step of the PLACE method is to identify areas of Tashkent where HIV incidence is likely to be high and to determine which of these areas will be fully assessed in subsequent steps of the method.

B. Methods

The USAID regional strategy includes improving HIV surveillance. However, at the time that these assessments were conducted, HIV surveillance data were not available to identify particular areas in Tashkent where HIV incidence was highest. Very little information was also available about where new sexual partnerships are formed or where injecting drug users socialize. The entire city was the target of the assessment but the city was too large to conduct key informant interviews in all parts of the city. Consequently, two approaches were used to identify areas of the city to be included in the assessment.

1. 2002 Assessment

Two different approaches were used to identify areas of the city to be included in the assessment. For the first approach, focus groups discussions and in-depth interviews were used to identify units and for the second approach, areas were selected based on public transportation routes.

a. Focus groups and in-depth interviews to identify units

For the 2002 study, six focus group discussions with people knowledgeable about sexual networks and injecting drug use in the city to identify high incidence areas in Tashkent. These focus group discussions were composed of a wide range of people including commercial sex workers, drug injectors, physicians, taxi drivers, and youth. In-depth interviews were also conducted with police officers and others. The goal of these focus groups discussions and in-depth interviews was to identify priority areas for intervention within the city including:

- areas where people go to meet new sexual partners;
- areas where sex workers solicit clients; and
- areas where injecting drug users can be found.

Areas were defined according to a set of geographic units. The geographic units were based on administrative divisions of the city that were well-known to participants so that they could readily identify areas and discuss differences between areas. Focus groups were asked to identify which units had areas where people meet new sexual partners, where sex workers solicit clients, and/or where injecting drug users could be found. The most frequently mentioned in the focus groups and in-depth interviews were selected for implementation of the PLACE protocol.

b. Selection of units near public transportation stops

Areas surrounding metro stations were also selected for inclusion in the assessment. For regions of the city where the metro does not run, areas around the main public transportation stops were selected for inclusion in the assessment.

2. 2003 Assessment

A similar approach for identifying units to include in the assessment was used in 2003.

a. Selection of units near public transportation stops

The same areas encircling metro stops and other main public transportation stops were again selected for inclusion in the 2003 assessment.

b. Selection of additional units

To account for the nonsymmetrical spread of sites around the city, additional units were selected based on information from the 2002 assessment. The criteria used to choose units from the 2002 study to be included in the 2003 study were that the units were still present and that the activities of interest (people meet new partners, CSW solicit clients, and IDUs socialize) were occurred there the previous year.

C. Coordination

The MEASURE *Evaluation* Project provided technical assistance for the 2002 and 2003 assessments including questionnaire and protocol development and funding through USAID/Central Asia. The director of the FACT Social Research Agency in Tashkent, Uzbekistan served as the local principal investigator for the Tashkent assessments. Additional technical assistance was provided by the director of the Center for the Study of Public Opinion in Almaty, Kazakhstan, who served as the overall study coordinator to the PLACE assessment in four Central Asian cities. A workshop was held in Almaty in June 2003 to disseminate the results of the 2002 study back to USAID, PSI, Soros Foundation, UNAIDS, the City AIDS Center, and other organizations currently or planning to carry out interventions in the region.

D. Training and Instrument Adaptation

The PLACE protocol was adapted to local needs and circumstances. The questionnaires were modified to target four groups of people including a representative sample of individuals socializing at the sites, commercial sex workers and their clients, injection drug users socializing at the sites, and youth. The study instruments were translated into Russian and back-translated into English. Interviewers were selected based on their social skills, knowledge of the layout of the areas, willingness to visit sites during evening and weekend hours, and their capacity to interview professional people as well as street youth, sex workers, and injection drug users.

The method was first implemented in the region in Almaty, Kazakhstan and subsequently in Karaganda, Kazakhstan, Osh, Kyrgyzstan and Tashkent, Uzbekistan. Almaty served as a pilot city for the region during which the protocol, indicators, and training materials were fully adapted to the

pattern of injection drug use and sexual partnerships in the region. It also served as a learning experience for two people from each of the other cities who carried out the method with input from the Almaty experience. The people trained in Almaty subsequently trained their team in Osh.

Comments by local intervention groups from the results feedback session for the 2002 study about questionnaire improvement and inclusion of additional questions useful for intervention groups were incorporated into the questionnaires for the 2003 study. These additional questions will enable local intervention groups to monitor program coverage.

A day of interview training was performed prior to each new phase of the study and included presentations on the study rationale, objective, and methods. Training also included instructions regarding how to ask questions, record responses, and handle problems in the field, discussions on ethics, and a thorough review and discussion of each question to be asked of interviewees.

The Institutional Review Board at the University of North Carolina's School of Public Health approved the study protocol and served as oversight body.

E. Results

2002 Assessment

Focus groups and in-depth interviews identified 123 geographic areas throughout the city. An additional 34 areas encircling metro stations and busy public transportation stops were also selected for a total of 157 areas in the city.

2003 Assessment

The same 34 areas encircling metro stations and busy public transportation were included in the 2003 assessment. An additional 110 units from those where sites were reported the previous year were also selected for a total of 144 units in the city.

Step 2: Where Do People Meet New Sexual Partners and/or Injection Drug Users Socialize? Findings from Key Informant Interviews

A. Objectives

The objective of the key informant interviews is to identify sites within the priority areas where

- People meet new sexual partners
- Injection drug users (IDUs) socialize
- Sex workers solicit clients

A sexual network site is defined as a place or event in an area where people with high rates of partner acquisition meet to form new sexual partnerships. A site can be a bar, brothel, disco, street corner, or alley. New partnerships are the focus because individuals with high rates of new partner acquisition are more likely to transmit infection and because newly acquired infection is more infectious. HIV can also be transmitted through a network of injection drug users who share needles. Thus, sites where IDUs socialize and can be reached for prevention are also a focus of this method. Identification of all sites in a study area, not just traditional 'hot spots' is encouraged.

B. Methods to Identify Sites

Key informant interviewing is the primary method to identify all sites where residents of the study area meet new sexual partners and where injection drug users socialize. The local principal investigator and field coordinator decided on a target number of key informant interviews and developed a strategy to identify key informants. Individuals such as taxi drivers, market venders, bar managers, unemployed youth, and police were approached for an interview at a time that seemed mutually convenient. Only people that were below the age of 18 were ineligible to be interviewed as key informants.

Potential key informants were approached by the interviewers who explained the purpose of the study and requested verbal informed consent. After recording basic demographic information about the key informant such as age, residence, and type of key informant, interviewers asked if injection drug use and commercial sex work was common in the area where the interview was being performed. Finally, the key informants were asked to name sites were people meet new sexual partners in the area, where IDUs socialize, and where sex workers solicit clients. Information collected about each site included its name, type of site, geographic code and specific address, and whether people meet new partners and/or IDUs or used syringes can be found at the site. The location of the site relative to the location of the key informant interview was recorded. Key informants were asked whether the site was a ten minute walk or further from the site of the interview

Key informant interviews were continued until the target number of interviews had been achieved. A target of 1200 interviews was set for the 2002 study and 1000 key informant interviews for the 2003 study. Ten key informant interviews were conducted in the areas around the metro and public transportation stops and six key informant interviews were conducted in the other units.

C. Results

Key informant interviews were completed in eleven days during 2002 and 12 days during 2003. target number of interviews reached was in both studies. In 2002 there were 5866 site reports yielding 1157 unique sites (Table In 2003 there were 1). 3630 sites yielding 684 unique sites. An average of 4.9 sites were named per key informant in 2002 and

Table 1. Summary of key informant field work

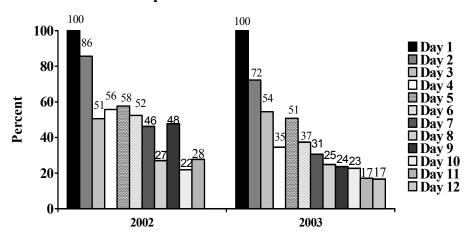
	2002	2003
Days of key informant interviewing	11	12
Number of interviewers	19	13
Total key informant interviews	1,206	1,000
Number of refusals for interviews	*	155
Number of key informant reports	5,866	3,630
Number of sites reported within a 10 minute walk of location of interview	1,756	1,032
Number of sites reported outside unit (2002) /further than a 10 minute walk (2003)	4,114	2,594
Number of unique sites reported	1,157	684

^{*} Incomplete recording of refusals in 2002

an average of 3.6 sites were named per key informant during the 2003 study.

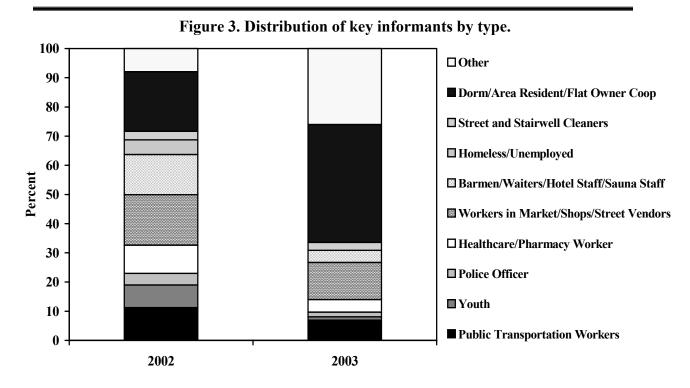
Key informant interviews were conducted until the target number of interviews was achieved. Even though the number of people interviewed remained constant each day, the number of new sites reported each day decreased throughout the interviewing period (Figure 2). On the last day of interviews, 28% of sites reported were new sites during the 2002 study and 17% were new during the 2003 study.

Figure 2. Proportion of sites reported during each day of key informant interviews that were reported for the first time.



Characteristics of Key Informants

Approximately 60% of key informants interviewed in were men. Individuals of all ages were interviewed.



Public transportion workers, workers in markets and shops, and residents of the area were some of the most common types of key informants but a wide variety of individuals were interviewed during each study (Figure 3).

Most Productive Key Informants

Taxi drivers, unemployed, and flat owner coop personnel were the most productive key informants during the 2002 study. On average, these individuals named over five sites where either people meet new sexual partners, commercial sex workers solicit clients, injection drug users socialize, and/or used syringes can be found. During the 2003 study, taxi drivers, commercial sex workers and clients, and barmen and waiters were the most productive key informants. On average, these individuals named over four sites where the activities of interest occur.

During the 2002 study, the most productive key informants for naming sites within a ten minute walk of the interview location were individuals who lived and worked within the area. These individuals included homeless, flat owners coop personnel, street and stairwell cleaners, and workers in shops and markets. Transportation workers, including taxi drivers and public transportation drivers, unemployed, and youth were some of the most productive key informants for naming sites within a ten minute driver and further from the interview location. On average, key informants named fewer sites within a ten minute walk (1.5 sites) and ten minute drive (1.2 sites) of the interview location than further away (2.2 sites).

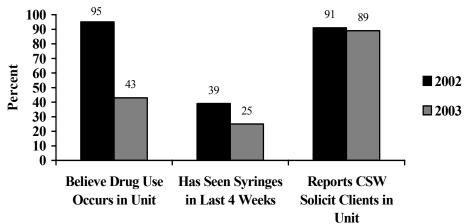
A similar pattern was seen in the 2003 assessment. Individuals who lived and worked in the area were the most productive key informants for naming sites within a ten minute walk of the place of the interview. These individuals include barmen and waiters, street vendors, and youth. The most productive key informants for naming sites further than a ten minute walk from the place of interview include taxi drivers, sex workers and clients, and NGO staff. On average, key informants named more

sites further than a ten minute walk from where they were interviewed than within a ten minute walk (2.6 vs. 1.0, respectively).

Key Informant Opinion of Drug Use and Sex Work in the Unit

Key informants from the 2003 study were substantially less likely than key informants in the 2002 study to believe that injection drug use (Figure 4). The proportion who thought that drug use occurred in the unit decreased from 95% in 2002 to 43% in 2003. Similarly, the proportion of key informants who had seen syringes lying on the ground during the past four weeks also decreased from 39% in 2002 to 25% in 2003. However, the proportion of key informants who reported that CSWs solicit clients in the unit did not change between 2002 and 2003. Approximately 90% of key informants each year thought that CSWs solicited clients in the interview unit.

Figure 4. Proportion of key informants who reported injection drug use and commercial sex work within unit of interview.



Sites Where People Meet Sexual Partners and Injection Drug Users Socialize

Key informants classified each site that they reported according to whether: (1) people meet new sexual partners at the site, (2) IDUs socialize at the site, (3) syringes are lying on the ground near the site, and/or (4) commercial sex workers solicit clients at the site. Key informants during both the 2002 and 2003 studies named more sites where people meet new sexual partners, commercial sex workers solicit customers than sites where IDUs socialize, and/or syringes can be found lying on the ground (Figure 5). The proportions of reports for sites where people meet new partners and commercial sex workers solicit clients were similar in 2002 and 2003. However, the proportion of reports for sites were IDUs socialize decreased from 45% in 2002 to 28% in 2003 and the proportion where used syringes can be found decreased from 37% to 21%.

100 75 80 68 Percent 60 **2002** 45 37 40 28 **2003** 21 20 0 **People Meet CSW Solict IDUs Socialize** Syringes Can **New Sexual** Clients **Be Found Partners**

Figure 5. Proportion of sites named by key informants that were identified as high-risk sites.

Percent of Sites Reported Where Key Informants Believe. . .

Taxi drivers, barmen and waiters, and sauna staff in 2002 and taxi drivers, commercial sex workers and clients, and barmen and waiters in 2003 were some of the most productive key informants for identifying sites where people meet new sexual partners. Taxi drivers, commercial sex workers and clients, barmen and waiters, and police officers were the most productive key informants during both the 2002 and 2003 studies for identifying sites where commercial sex workers solicit clients. The most productive key informants for identifying where IDUs socialize include taxi drivers, unemployed, and flat owner coop personnel during the 2002 assessment and police officers, youth, and public transportation during the 2003 assessment. Taxi drivers, street and stairwell cleaners, and flat owners coop personnel were the most productive key informants in 2002 for identifying sites where syringes were lying on the ground and youth, police officers, and public transportation drivers were most productive for identifying these types of sites during the 2003 study.

<u>Comparison of Units Located around Public Transportation Stops and Focus Group Selected Units in 2002</u>

During the 2002 study, key informant interviews were conducted in 34 units located around metro and other busy public transportation stops and in 123 units identified by focus groups and in-depth interviews. In the 34 units located around metro and other busy public transportation stops, an average of 41.5 site reports per unit was recorded. In the 123 units identified by focus groups and in-depth interviews, an average of 36.2 sites was named by key informants in each unit. Key informants interviewed in the 34 units located around metro and other busy public transportation stops compared to key informants in the focus group identified units named a higher proportion of sites where sex worker solicit clients (86% vs. 71%) and a lower proportion of sites where people meet new sexual partners (68% vs. 82%), drug injectors can be found (37% vs. 48%), and used syringes can be found on the ground (24% vs. 41%).

<u>Comparison of Units Located around Public Transportation Stops and Focus Group Selected Units in</u> 2003

During the 2003 study, key informant interviews were conducted in the same 34 units located around metro and other busy public transportation stops and in 110 units identified by focus groups and indepth interviews the previous year. In the 34 units located around metro and other busy public transportation stops, an average of 35.9 site reports per unit was recorded. In the other 110 units, an

average of 21.9 sites was named by key informants in each unit. Key informants interviewed in the 34 units located around metro and other busy public transportation stops compared to key informants in the focus group identified units named a slightly higher proportion of sites where sex worker solicit clients (73% vs. 65%) but there was no difference in the proportion of sites where people meet new sexual partners (88% vs. 87%), drug injectors can be found (30% vs. 28%), and used syringes can be found on the ground (20% vs. 21%).

Comparison of Units Located around Public Transportation Stops in 2002 and 2003

Key informant interviews were conducted in the same 34 units around metro stations and busy public transportation stops in 2003 and 2002. In 2002, 1411 site reports were provided by key informants interviewed in these units and in 2003, 1220 site reports were provided. On average, a slightly higher average number of site reports per unit were named in 2002 (41.5 reports per unit) than in 2003 (35.9 reports per unit). In 2002 there was a higher proportion of reports for sites where sex workers solicit clients (86%) compared to 2003 (73%) and a lower proportion of reports for sites where people meet new sexual partners (68% vs. 88%). There was no substantial difference in 2002 and 2003 for the proportion of sites were injection drug users can be found (37% vs. 30%) and where used syringes can be found on the ground (24% vs. 20%).

Step 3: What Are the Characteristics of Sites Where People Meet New Sexual Partners and/or Injection Drug Users Socialize? Findings from Interviews at Sites

A. Objectives

The objectives of Step 3 are to verify the existence of sites reported by key informants and describe the characteristics of these sites and of the people who socialize at them.

B. Methods

In this phase of the fieldwork, interviewers visited sites reported by key informants and interviewed a site representative who was knowledgeable about the site (such as the site manager or owner) to obtain characteristics of the site important for AIDS prevention. The questions did not require knowledge of the business operations at the site. If no one was available for interview during the first visit, the site was re-visited. The criteria for identifying a suitable respondent were broad to prevent deductive disclosure of identity and to limit the number of re-visits. Verbal consent for an anonymous interview was obtained for each completed interview. Respondents were asked about the following:

- Name of the site and number of years in operation
- Types of activities occurring on site
- Estimated number of clients at peak times
- Patron characteristics including age, gender, residence, and employment status
- Whether people meet new sexual partners at the site
- Whether CSWs solicit customers at the site
- Whether IDUs socialize at the site or used syringes can be found
- Extent of AIDS/STD prevention activities on-site including condoms and posters
- Willingness to sell condoms.

Teams of 2 to 3 interviewers were assigned to each unit of the city and given a list of sites in the unit. The criteria for determining which sites to verify were developed. Exclusion criteria were developed due to the vast number of sites reported which made it not feasible to visit every site named by key informants. In addition, we expected that little benefit would be gained by visiting sites such as stairwells and rooftops mentioned by very few people. These sites are unlikely candidates for outreach efforts.

In 2002 and 2003, all sites mentioned 5 or more times by key informants, regardless of type or location, were visited. Sites named fewer than 5 times by key informants were also verified unless they were a flat, basement, roof, or stairwell. Sites mentioned less than five times located outside the study units were excluded. Additionally in 2003, sites that were identified as overlap sites during the 2002 study that were not named by key informants during the 2003 assessment or did not satisfy the above selection criteria for verification were added to the list of sites for verification. Overlap sites were defined in 2002 as sites where people meet new sexual partners, commercial sex workers solicit clients, injection drug users socialize, and at least some youth are present.

B. Results

During the 2002 study, site verification was completed in ten days by sixteen interviewers (Table 2). During the 2003 study, thirteen interviewers completed site verification in fifteen days.

Many sites reported by kev informants were not verified because they did not meet the criteria for being visited, e.g., only one person mentioned the site and it was a stairwell or roof. Slightly over half of the sites in 2002 (55%) and 20% of sites in 2003 were excluded from site verification. An additional 61 priority sites from the 2002 assessment were also selected for verification in 2003

Table 2. Summary of site verification field work

	2002	2003
Days of Site Verification	10	15
Number of Interviewers	16	13
Outcome of Site Verification Visits		
Number of Sites Selected for Site Verification	520	548
Site Found and Person Interviewed	448	448
Site Found and Person Refused Interview	72	21
Site Not Found: Insufficient or Incorrect Address	**	33
Site Temporarily Closed	**	43
Site Permanently Closed	**	23
Duplicate Site	**	41
Additional Sites from 2002 verified		61
Sites Excluded from Verification	637	136
Total	1,157	684

^{**}Incomplete recording of information about sites that were

During the 2002 study, 14% of site representatives declined an interview. During the 2003 assessment, 3% of site representative declined an interview. Additionally, 5% of sites selected for site verification could not be found due to an insufficient or incorrect address, 7% of sites were temporarily closed, 4% were permanently closed, and 7% of sites were duplicates of sites already verified. A total of 448 sites were verified during the 2003 study.

The remainder of this section of the report describes the sites that were visited and verified.

Site Types and Non-sex Activities at Sites

The most common types of sites named as places where people meet new sexual partners and/or IDUs socialize were bars, cafés, and restaurants and sections of streets and street corners (Figure 6). A quarter of sites in 2002 and 88% of sites in 2003 had been in operation for more than two years including one fifth of sites in 2002 and 2003 that had been in operation for over ten years. Most sites reported being busy every night of the week with Friday and Saturday as their busiest nights. Winter was the least busy season.

100
90 80 70 100
90 80 70 100
90 80 70 100
Parks
Streets
School/University
Parks
School/University
Proof/Stairwell
Dorm/Apartment

■ Nightclub

■ Bar/Café/Restaurant

Figure 6. Type of site.

The sites visited for site verification interviews during the 2002 and 2003 assessments had similar distributions of on-site activities except that the proportion of sites with music and food decreased (Figure 7). Beer and/or hard alcohol were consumed at many of sites. While eating food and listening to music decreased between 2002 and 2003, these activities still were popular at sites. Approximately a quarter of the sites had dancing.

2003 (N=448)

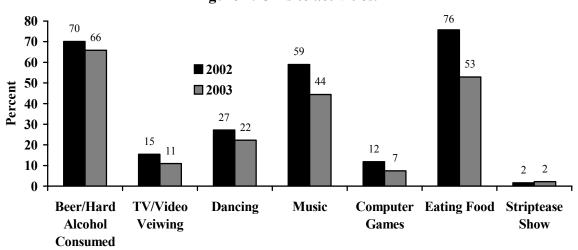


Figure 7. On-site activities.

Characteristics of Site Patrons

20

10 0

2002 (N=448)

A high proportion of sites during both 2002 and 2003 have at least some patrons who live within a ten minute walk of the sites, who visit the site at least once a week, and who are students (Figure 8). Men and women who visit the sites have similar characteristics. The characteristics of site patrons as reported by the site representative did not change substantially between 2002 and 2003.

During the 2003 study, site representatives were asked about how patrons came to the sties. Approximately 90% of sites had at least some patrons who came to the site by private car or taxi and almost 90% of sites had at least some patrons who came by public transportation.

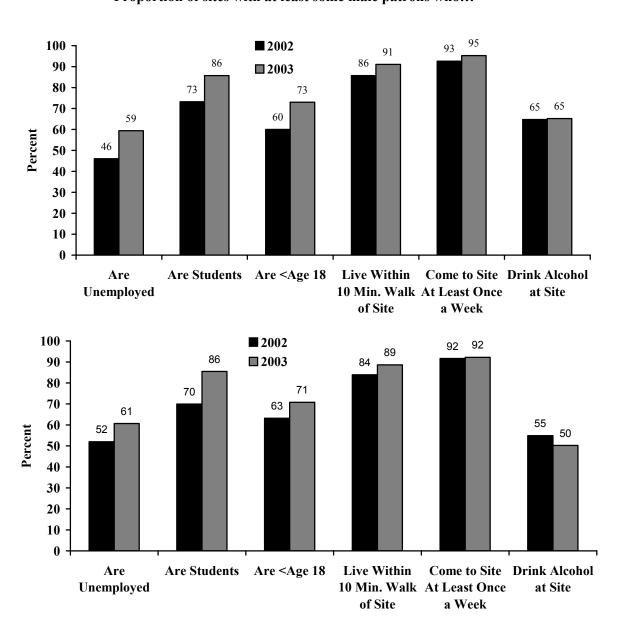


Figure 8. Characteristics of site patrons.

Proportion of sites with at least some male patrons who...

Proportion of sites with at least some female patrons who...

Sexual Partnerships

A knowledgeable person at each site was asked whether men and women meet new sexual partners at the site. The responses were often in the affirmative. At roughly half of the sites each year, the site representative reported that men meet new female sexual partners at the site (Figure 9). Gay partnerships were reported infrequently with 3% of sites in 2002 and 6% in 2003 reporting such partnerships. Commercial sex workers solicited customers at almost 30% of sites and at 6% of sites in 2002 and 11% of sites in 2003, someone at the site help facilitate partnerships. During the 2003 assessment, site staff reported meeting new sexual partners at 17% of sites.

100 90 80 **2002** 70 **2003** 53 60 Percent 47 **50** 40 30 28 **30** 20 6 10 3 0 Men meet Women Sex workers solicit Men meet men

Figure 9. Sexual partnership formation and IDUs socializing at sites.

Injection Drug Use

44%

Less than a third of the respondents during both the 2002 and 2003 assessments thought that injection drug use in the area was very common or somewhat common (Figure 10). A quarter of respondents in 2002 and 16% in 2003 thought that injection did not occur in the area.

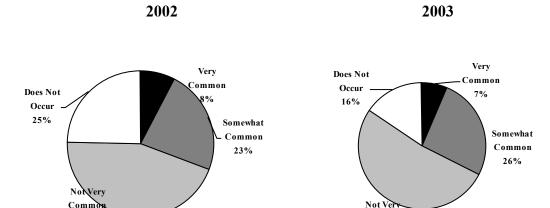


Figure 10. Perception of injection drug use in area.

Approximately 30% of respondents during the 2002 and 2003 assessments reported that injection drug users could be found at their site (Figure 11). Furthermore, of those who replied that IDUs could be found socializing at their site, over 80% responded that the site had been a place where drug injectors could be found for at least one year prior to the interview and often longer. Evidence of injection drug use in or around the sites was visible. Approximately a quarter of respondents reported seeing used syringes lying around inside or outside the site in the past three months. Used syringes were observed by interviewers at roughly 5% sites in 2002 and 2003.

Common

51%

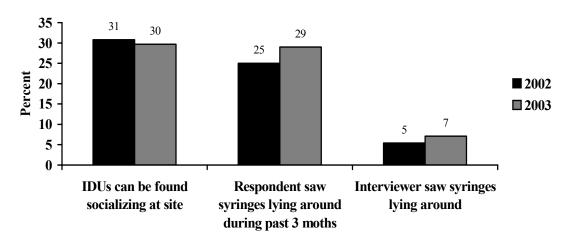


Figure 11. Injection drug use around sites.

Overlap of High-Risk Populations at Sites

Site respondents reported considerable overlap between high-risk groups during both the 2002 and 2003 assessments (Figure 12). The amount of overlap did not change between 2002 and 2003. The greatest overlap between high-risk populations occurred at sites where people met new sexual partners and sex workers solicited clients. Approximately a quarter of site respondents reported that people met new sexual partners and sex workers solicited clients at the site. At 20% of sites, patrons met new partners and IDUs socialized, and at 15% of sites, sex workers solicited clients and IDUs socialized. At 13% of sites, respondents reported that people met new sexual partners at the site *and* commercial sex workers solicited clients *and* IDUs socialized at the site.

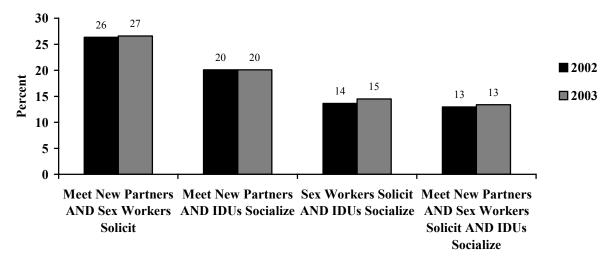


Figure 12. Overlap of high risk populations at sites.

AIDS Prevention Activities

Site-based AIDS prevention activities were rare (Figure 13). Less than 10% of sites that ever had an HIV/AIDS prevention activity at the site. During the 2003 assessment, sites respondents were asked about the type of prevention activities at the site. Only 1% or fewer of sites had lectures and seminars,

pamphlets and leaflets, and/or posters displayed and/or distributed condoms and/or syringes. During the 2002 and 2003 assessments, HIV/AIDS posters and brochures were observed by the interviewer at less than 2% of sites. During the 2002 assessment, 60% of site respondents said that they were willing to have an HIV/AIDS prevention program at the site. During the 2003 assessment, a person who had authority to talk to intervention groups on behalf of the site, such as a manager or owner, was identified at each site and asked if he or she was willing to talk to a person from a local HIV/AIDS prevention program about including the site in a new AIDS prevention program in the area. Such a person was identified at 120 of the verified sites and 73% of these individuals were willing to talk to local intervention groups about having an AIDS prevention program at the site.

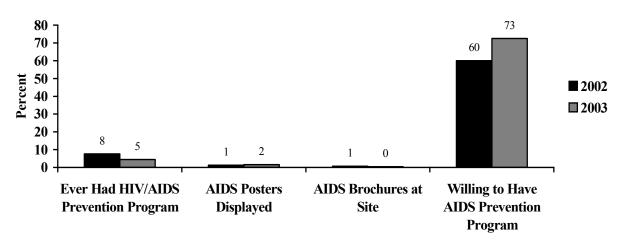


Figure 13. HIV/AIDS educational activities at the sites.

Condom availability decreased substantially between the 2002 and 2003 assessments (Figure 14). During the 2002 study, 36% of sites always had condoms available in the last 12 months, 38% had condoms available on the day of the site verification interview, and 60% of sites had condoms visible at the site. Additionally, at 57% of sites, it was possible for someone to find a condom within ten minutes of leaving the site at night. During the 2003 assessment, condoms were much less likely to have been always available at sites during the past 12 months, to be available on the day of the interview, and to be visible compared to the 2002 assessment. Condoms were always available in the past 12 months at only 15% of sites included in the 2003 study compared to 36% of sites in the 2002 study. Interviewers asked to see and saw a condom at over twice as many sites during the 2002 assessment compared to the 2003 assessment (22% vs. 9% respectively). Multiple brands of condoms were often available but no one brand was more common than other brands. The proportion of site representatives willing to sell condoms at their site was 44% in 2002 and 36% in 2003.

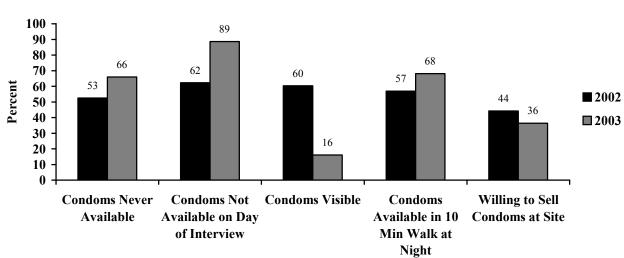


Figure 14. Condom availability at sites.

There were 163 sites where site verification interviews were performed in 2002 and 2003. There was no difference in the reported behaviors at these sites from 2002 to 2003 except an increase in the proportion of site where people meet new sexual partners, which increased from 67% in 2002 to 73% in 2003.

Step 4: What Are the Characteristics of People Who Socialize at Sites Where People Meet New Sexual Partners and/or Injection Drug Users Socialize? Findings from Interviews with People Socializing at Sites

A. Objective

The objective of this step is to describe the characteristics and behaviors of individuals socializing at the sites. The sampling strategy was designed to provide estimates of a representative sample of people socializing at sites. In addition, because of the importance of describing the characteristics of injecting drug users, additional samples of injection drug users were interviewed as necessary to achieve a sufficient number of such respondents.

B. Methods

A sample of verified sites was selected and a sample of individuals socializing at these sites was interviewed. This step is the only one in which self-reported information was gathered from interviewees.

1. Selecting sites where socializing individuals were interviewed

A sample of sites was selected at which to perform interviews with socializing individuals. The objective of the sampling strategy was to obtain a sufficiently precise estimate of the proportion of individuals socializing at the sites who reported meeting a new sexual partner at the site or who inject drugs. The final selection of sites could only occur after the key informant interviews and site visits were conducted. The resulting list of reported sites was compiled into a sampling frame.

A four step process was used to select sites for individual interviews.

- First, a target number of interviews to be performed was selected such that it exceeded the minimum requirement to obtain precise estimates of the key variables and assured that 200 IDUs and 200 commercial sex workers would be interviewed in the process. For the 2002 assessment, a target number of 1,600 interviews was selected and for 2003, a target of 1,200 was selected.
- Next, a strategy for selecting the number of people to be interviewed at each site was determined according to site size. Ten people were interviewed at small sites (<20 men socializing at a busy day (2002) or busy time (2003)), 20 people at medium-sized sites (20 to 49 men socializing at a busy day (2002) or busy time (2003)), and 30 people at large sites (50 or more men socializing at a busy day (2002) or busy time (2003)).</p>
- Next, a random sample of sites was selected for individual interviews from the list of verified sites.
- Finally, the list of randomly selected sites was reviewed and a supplemental list of sites was identified from the list of those not selected. The supplemental sites were those sites mentioned by

15 or more key informants that were not included in the random sample. These sites were considered important potential intervention sites.

This process permits estimates of a representative sample of the entire population of people who socialize at sites as well as estimates of the characteristics of people socializing at the sites that may be the most important to reach in an intervention program.

2. Sampling individuals at selected sites

Interviewers visited sites in teams of two at peak times, which most often was during the evening or night. When sites were deemed unsafe at their peak times (such as certain bars or streets), interviewers completed the field work earlier in the day to maintain safe working conditions. To identify systematically potential respondents, interviewers followed three principles: 1) they did not ask more than one individual in each group socializing together; 2) they numbered the individuals at a site and identified potential interviewees using intervals; and, 3) they made sure to interview individuals at different locations within a site. When approaching an individual, the interviewer explained the purpose of the study and the types of questions that would be asked and requested verbal informed consent before proceeding with the interview. It was often necessary to request that the respondent move to a different location at the site, away from their peers and others at the site, to preserve privacy and encourage truthful responses. There was no quota for the numbers of interviews to be performed with men and women.

When the target number of interviews with IDUs was not met by randomly approaching individuals at sites as described above, this target group was sought by re-visiting sites where IDUs had previously been found.

C. Results

Interviews with socializing individuals occurred at 23% of verified sites in 2002 and 13% of verified sites in 2003 (Table 3). The target number of interviews was achieved each year but oversampling of IDUs was necessary.

The results for the four populations of interest are reported separately. The representative sample in 2002 includes the random sample individuals

Table 3. Summary of individuals interviews field work

	20	02	20	03
Number of Sites Visited for Individual Interviews	10)4	5	6
Percent of Verified Sites Visited for Individual Interviews	23.2%		12.:	5%
Number of Days of Interviews	nber of Days of Interviews 30		18	
Number of Interviewers	35		2	2
Number Interviewed	M	\mathbf{F}	M	F
Number of People Approached for Interview	*	*	650	620
Number of Refusals	*	*	23	37
Completed Interviews				
Domingontative Commis (2002)/	1,039	1,015	627	583
Youth	596	639	293	373
CSW and Clients	312	234	166	254
IDUs	178	25	174	30

interviewed at each site, that is, all interviewed individuals except for the IDUs who were oversampled at a later date. This sample is representative of the socializing population at sites where individual interviews were performed. However, not all sites were verified. In 2003, interviews with oversampled IDUs were not identified in such a way that allows them to be excluded from the

representative sample. Thus, the full sample of interviewed individuals is presented for 2003. For 2002 and 2003, the results of three sub populations, youth, CSWs and clients, and IDUs, are also presented separately. The youth population is the sample of all individuals aged 25 years and younger socializing at the sites. CSWs were defined as women who had received money in exchange for sex during the past three months. Clients of CSWs were defined as men who had given money in exchange for sex during the past three months. The IDU population included all individuals who reported injecting drugs during the past six months who were interviewed as part of the representative sample plus, in 2002, those individuals who were oversampled to achieve the target numbers of interviews in this population.

Part 1: Representative/Full-Sample Sample of People Socializing at the Sites

Socio-demographic Characteristics

Approximately half of the individuals interviewed in the representative sample each year were male. Socio-demographic characteristics of men and women socializing at sites did not change substantially between 2002 and 2003. On average, male patrons were slightly older than female patrons. In 2002 the average age of men in the representative sample was 27 years and in 2003, 28 years. For women, the average age was 26 years in 2002 and 25 in 2003.

There were no differences in residence and educational attainment for men and women. Approximately 90% of men and women interviewed were residents of the city and over half had lived in the city their entire life (Figure 15). Many patrons lived near the site where they were interviewed with a quarter of men and women living within a 10 minute walk of the site. Between 30% and 46% of the socializing population had at least some high education and roughly a quarter were students. Approximately half of patrons had spent at least one night outside of the city in the past three months.

Men socializing at the sites were more likely than women to be married and employed. Almost 45% of men socializing at sites were married compared to a third of women. Men were also more likely than women to be employed with almost 55% employed fulltime compared to a third of women who were employed fulltime.

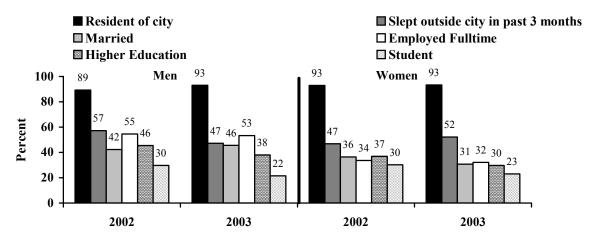


Figure 15. Socio-demographic characteristics of individuals socializing at sites.

Interviewer Opinion of Respondent

Before beginning each interview, the interviewer recorded his/her opinion about whether the respondent was a CSW or an IDU. Male respondents in 2003 were substantially more likely that male respondents in 2002 to be identified as IDUs but this increase is likely due to the oversampled IDUs in 2003 that were included as part of the full sample. A third of male respondents in 2003 were thought to be IDUs compared to only 2% in 2002 (Figure 16). Among women, 27% in 2002 and 45% in 2003 were believed to be a CSW. Less than 6% of respondents were thought to be both a CSW and an IDU and the majority of respondents were thought to be neither a CSW nor an IDU. The interviewer opinion of the respondent agreed closely with the self-reported data provided by the respondent later in the interview.

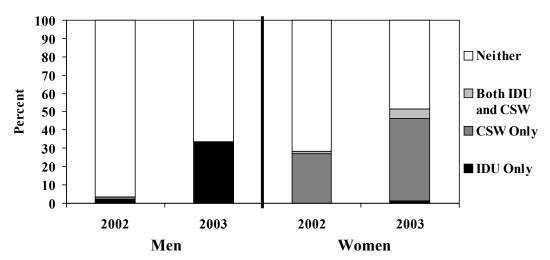


Figure 16. Interviewer opinion of respondent.

Site Visitation

Many people visit the site regularly. The frequency of attendance at sites did not vary significantly by gender or by year (Figure 17). Almost a quarter of respondents in 2002 and just over 15% in 2003 visited daily the site at which they were interviewed. On average, men visited the site 2.5 times during the past seven days and women 2.9 times during the same time period. Roughly two thirds of respondents first visited the site where they were interviewed over one year ago indicating that these sites have well established, loyal patronage.

Approximately equal proportions of men and women interviewed walked to the site, came to the site by car, and came via public transportation with roughly a third of patrons coming to the site via each of these transportation modes.

Reason for Site Visit

The majority of socializing individuals (79% of men and 71% of women) came to the site on the day of the interview to socialize with friends. Over a third of men and 30% of women reported that they came to the site to drink alcohol. Women were more likely than men to report coming to the site to meet a new sexual partner (37% vs. 19%).

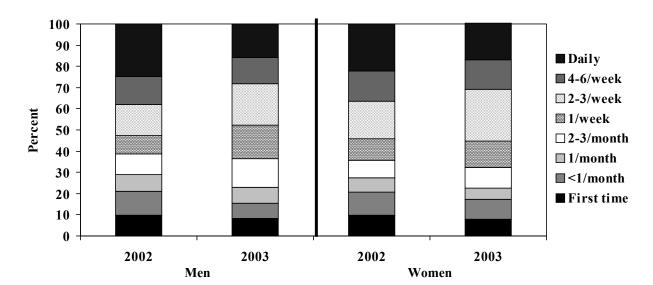


Figure 17. Frequency of attendance at sites by gender and year.

New Partnership Formation at Sites

The proportion of socializing individuals believed that people came to the interview site to meet a new sexual partner increased from 60% in 2002 to 75% in 2003 (Figure 18). Approximately 22% of men and 25% of women in 2002 and 28% of men and 40% of women interviewed reported that they had personally met a new sexual partner at the site. When the individual last attracted a new sexual partner at the site ranged from within the past twenty-four hours to over a year ago. Women were most likely to have attracted their last new sexual partner from the site within the past seven days while men tended to have attracted their last new partner from the site over a longer time period. This higher proportion of women who recently met a new sexual partner at the site is likely due to commercial sex workers who were included as part of the representative sample, especially in 2003.

Among individuals who ever met a new sexual partner at the interview site, men were less likely than women to have used a condom with the last new partner they met at the site. Approximately 58% of men each year reported using a condom with the last new partner they met at the site compared to 65% of women in 2002 and 73% in 2003.

In 2002, among patrons who ever met a new sexual partner at the site, a slightly higher proportion reported using a condom with the last new partner at interview sites where condoms were always available during the past year compared to sites where condoms were never available (Figure 19). However, in 2003, there was no difference in the proportion of men who reported using a condom with their last new partner from sites where condoms were never available and from where they were always available. Among women in 2003, a slightly higher proportion of women at sites with condoms never available reported using a condom with their last new partner from the site compared to women interviewed at sites with condoms always available.

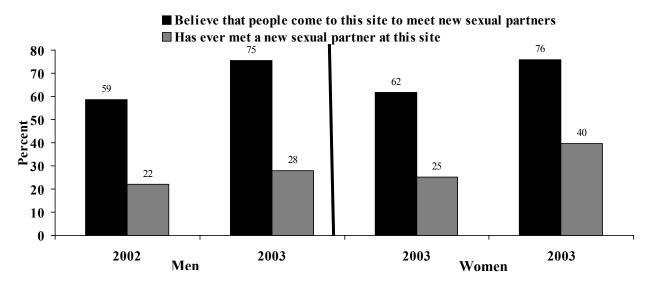
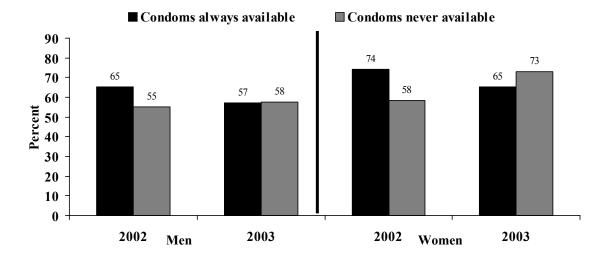


Figure 18. Partner selection reported by individuals socializing at the sites.

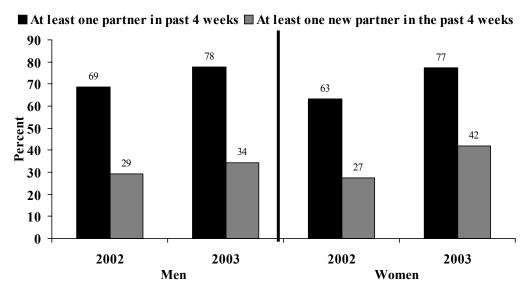
Figure 19. Condom use with last new partner met at site by condom availability at site.



Number of Sexual Partners

Partner acquisition rates for the past four weeks did not varied substantially by gender. Approximately two thirds of men and women in 2002 reported at least one partner in the past four weeks and in 2003 three quarters of men and women reported so (Figure 20). Among men with at least one partner in the past four weeks, just over 40% each year had one or more new partners during this time period. Among women with at least one partner in the past four weeks, 44% in 2002 and 55% in 2003 reported one or more new partners during the same time period.

Figure 20. Proportion of individuals socializing at sites with at least one partner during the past four weeks by gender.



During the previous 12 months, 88% of men in 2002 and 95% in 2003 reported at least one sexual partner and among women, 76% in 2002 and 87% in 2003 reported at least one partner. Over 95% of men and approximately 87% of women reported at least one sexual partner. In 2002 men were substantially more likely than women to report a new sexual partner with 61% of men doing so compared to 46% of men. However, in 2003, this difference decreased and 70% of men and 62% of women reported a new partner in the past 12 months.

Regular Sexual Partnerships

Roughly 70% of men and women reported having a regular long-term sexual partner, that is, someone they had been having sex with at least monthly for a year or more (Figure 21). However, in addition to their long-term regular partner, many individuals also reported at least one new partner during the previous 12 months. Approximately two thirds of men and over half of women in 2002 and 63% in 2003 who reported a regular long-term partner also reported at least one new partner during the previous 12 months.

Age Difference among Partners

In 2003, individuals were asked the age of the youngest and oldest person that they had had sex with in the past 12 months (Figure 22). Among men, the average age for the youngest partner was 5.9 years younger and the average for older partners was 1.1 years older. Women were, on average, 0.5 years older than their youngest partner but their oldest partner was, on average, 13.4 years older including 44% of respondents who had a partner 10 or more years older.

Figure 21. Proportion of individuals with a regular, long-term sexual partner.

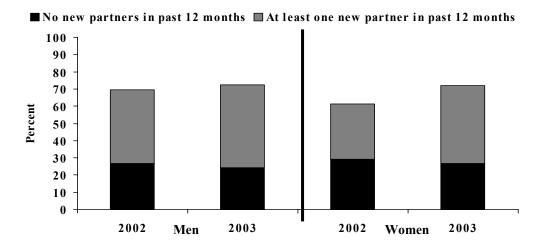


Figure 22. Age difference between respondent and youngest/oldest partner in past 12 months.



Transactional Sex

Just under a quarter of men each year reported giving money in exchange for sex in the past three months (Figure 23). The proportion of women who had received money in exchange for sex increased from 27% in 2002 to 44% in 2003.

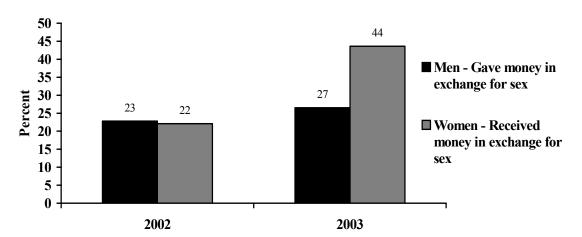


Figure 23. Transactional sex.

Gay Sex

Men rarely reported having sex with another man. Less than 1% of men interviewed reported having sex with another man in the past four weeks.

Self-Reported Condom Use

Condom use was relatively high among individuals socializing at the sites. Approximately 70% of men in 2002 and 80% in 2003 had ever used a condom. Among women, the proportion who had ever used a condom increased from 58% in 2002 to 74% in 2003. Women were slightly more likely than men to have last used a condom in the past 24 hours with approximately 10% to 14% of women doing so compared to 4% to 7% of men.

Among patrons who had a new partner in the last four weeks, approximately two thirds of men and 80% of women reported using a condom with their last new partner in the past four weeks (Figure 24). When asked how often in the past four weeks they used condoms with new sexual partners, the proportions were slightly lower. Among men, half reported always using a condom with new sexual partners in the past four weeks, a third reported that they sometimes used a condom with new partners, and 16% reported that they never did. Among women, 63% reported always using a condom with new sexual partners in the past four weeks, 32% sometimes did, and 6% never used a condom.

Among men who did not use a condom with their last new partner in the past four weeks, the most common reason for not using one was that they did not like condoms (52%). The most common reason among women for not using a condom with their last new partner in the past four weeks was that their partner protested (44%).

Condom use at last sex with a regular partner was lower than use with new partners for both men and women. Among men and women with a regular partner, a quarter to a third reported using a condom at last sex with their regular partner.

Perceived Condom Effectiveness

Among those who use condoms and had a partner in the past 12 months, 22% of men and 32% of women reported that they had had a condom break during this time period. Approximately a third of respondents reported that they thought condoms were very effective in preventing STIs including HIV and another third thought that they were somewhat effective. Approximately 22% thought that they were not very effective but only 4% thought that they were not effective at all. Around 10% did not know whether or not they were effective. On average, men thought that a reasonable price for a condom should be 248 sums and women, 264 sums.

Condom Availability

Neither men nor women were likely to have a condom with them at the time of interviews. Approximately 12% of men each year reported having a condom with them. The proportion of women who reported having a condom increased from 12% to 21%. A condom was seen by the interviewer for less than 10% of men and for 8% of women in 2002 and 17% in 2003. Context and Favorite were the most commonly seen brands of condoms. Among those who had a condom with them, a quarter of men and third of women had a Context brand condom and a quarter of men and 13% of women had a Favorite brand condom.

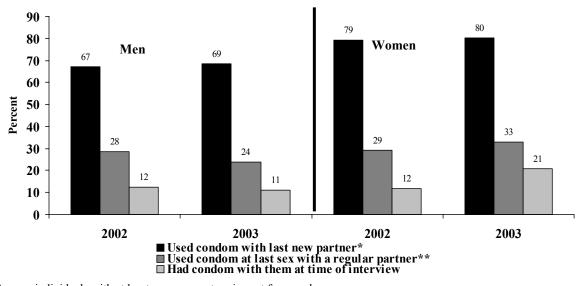


Figure 24. Condom use by gender.

Pharmacies, grocery stores, and kiosks were the most frequently named locations by men each year as the place where they obtained their last condom (Figure 25). Women were most likely to report their partner as the source where they obtained their last condom.

^{*}Among individuals with at least one new partner in past four weeks

^{**}Among individuals with a regular partner

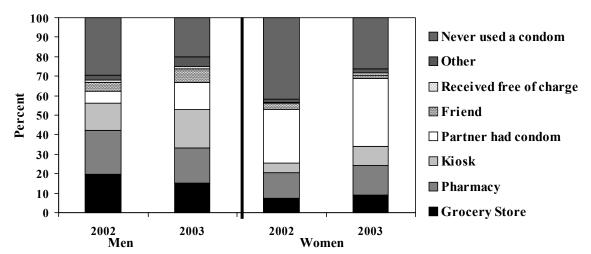


Figure 25. Location where last condom used was obtained.

Among those who had ever used a condom, Context was most commonly reported (14% of men and women) as the last brand of condom used. However, 46% of men and 40% of women did not remember or know the brand of the last condom used.

Exposure to HIV/AIDS Education

In 2002, 18% of men and 22% of women had attended an AIDS education session in the past 12 months. In 2003, individuals socializing at sites were asked if they had heard or seen any information about HIV/AIDS in the past 12 months and 77% of men and 83% of women responded in the affirmative. Television was the most frequently reported source from which this information was received with roughly two-thirds of the population having done so. Other sources reported by a third to half of respondents included newspapers, magazines, leaflets, and posters, friends and relatives, and the radio. Women were slightly more likely than men to report having received information from a doctor or health care worker (26% vs. 17% respectively) and from a friend or relative (46% vs. 34% respectively) but the proportions receiving information from the other sources were approximately equal among men and women.

Opinion about HIV/AIDS as a Problem in Tashkent

In 2003, respondents were asked whether they perceived HIV/AIDS as a problem in Tashkent. Almost 60% of men and women interviewed thought that HIV/AIDS was a serious problem in Tashkent (Figure 26). Less than 5% thought that it was not a problem at all in the city.

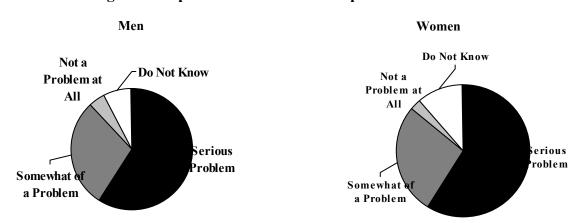


Figure 26. Opinion of HIV/AIDS as a problem in Tashkent.

Knowledge of HIV/AIDS

Individuals socializing at sites were asked about their knowledge of HIV/AIDS transmission and prevention. There was no change in knowledge from 2002 to 2003 or difference in knowledge between men and women. Almost all (>94%) respondents knew that HIV could be transmitted by sexual contact without a condom and by injecting drugs with a shared syringe. Over 80% knew that it could not be spread by a handshake.

Respondents were less sure about HIV transmission through eating from a common dish, swimming in a common pool, or through an insect bite. At least one third of respondents, but often more, responded that HIV could be transmitted via these types of contacts or that they did not know if such transmission could occur. For example, less than 60% of those interviewed correctly responded that HIV could not be transmitted via an insect bite. The mean number of questions answered correctly for men and women during 2002 was 4.4 out of 6. In 2003, men answered 4.8 out of 6 questions correctly and women answered 4.5 questions correctly.

Although the majority of individuals knew that it was possible to become infected with HIV through sexual contact without a condom and by injecting drugs with a shared syringe, fewer people responded that using condoms or avoiding sharing needles were ways that people could avoid or reduce their chances of becoming infected with HIV. Roughly 70% responded that people can avoid or reduce their chances of becoming infected with HIV by using condoms and 42% to 54% responded that avoiding sharing needles will avoid or reduce the chance of becoming infected. The majority of individuals named 2 to 3 ways that a person could avoid or reduce their chance of getting HIV.

Two thirds to three-quarters of those interviewed responded that a person who looks healthy can be infected with HIV. Approximately 13% to 23% responded that they did not know.

Perception of Personal Risk for HIV Infection

In 2003, respondents were asked their opinion of their personal risk of contracting the HIV/AIDS virus. Only 7% of men and 6% of women thought that they were very likely to contract the HIV/AIDS virus and 37% of men and 43% of women thought that they were at no risk at all for contracting the virus (Figure 27). Approximately 10% were unsure of their risk.

Men Women Very Very Do Not Do Not Likely Likely Know Know Somewhat Somewhat Likely Likely No Risk No Risk Not Verv Likely Not Very Likely

Figure 27. Perception of likelihood of contracting the HIV/AIDS virus.

HIV Testing

The proportion of individuals who had been tested for HIV in the past 12 months did not change between 2002 and 2003. Approximately 29% of men and a third of women reported being tested for HIV in the past 12 months. A third of men tested had done so voluntarily while testing among the remaining two thirds was obligatory. Among women, just over 40% were tested voluntarily while testing for the remaining women was obligatory.

Among those who were tested for HIV in 2003, 36% of men and 34% of women reported that they had received counseling about the ways of transmission and other HIV/AIDS related information.

Approximately half of respondents in 2003 reported that they would be interesting in getting an HIV test voluntarily. In 2003, respondents were also asked if they knew where in Tashkent a person could receive an HIV test. The most frequently named place was a hospital or clinic with two thirds of men and women responding as such. Approximately 13% of men and women did not know of a place where a person could get an HIV test.

Opinion about Injection Drug Use in the Unit of the City Where Interview Occurred

Respondents were asked about injecting drug use in the area as well as their own drug use behavior. The respondents' opinion about drug use in the area increased substantially between 2002 and 2003

(Figure 28). In 2002, 6% of male respondents thought that injection drug use was very common in the unit of the city in which they were interviewed and in 2003 this proportion had tripled to 19%. Similarly, among women, the proportion who thought that injection drug use was very common in the unit where the interview occurred doubled from 7% to 17%. The proportion of men and women who thought that injection drug use did not occur in the unit decreased from 10% to 5%. Similarly, the proportion who did not know whether or not injection drug use occurred in the unit decreased from one third to two fifths.

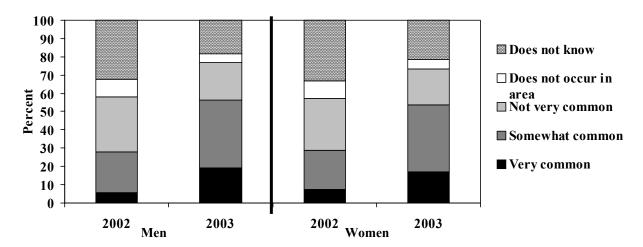


Figure 28. Respondents' opinion of injecting drug use in city unit of interview.

Opinion whether Injection Drug Users Socialize at the Site

The proportion of men interviewed who thought that IDUs socialized at the site increased from 38% to 54% but the proportion of women who thought the same remained unchanged with just over 40% believing that IDUs socialized at the site (Figure 29). However, roughly 40% of men and women were unsure whether IDUs socialized at the site or not.

Self-Reported Injection Drug Use

Injection drug use was reported more frequently by men than by women and increased substantially between 2002 and 2003. The proportion of men who reported that they had ever injected drugs increased from 5% in 2002 to 32% in 2003 and similarly among women, the proportion who reported that they had ever injected drugs increased from 2% to 8%. However, oversampled IDUs were included in the representative sample in 2003. Among men who reported ever injecting drugs, only a quarter in 2002 had injected drugs during the past six months compared to 86% who had injected in the past six months during 2003. Similarly among women who reported ever injecting drugs, only 22% in 2002 had injected drugs during the past six months compared to 66% who had injected in the past six months during 2003.

The proportion of men who had ever been arrested increased from 3% to 11%. Approximately 2% of women in 2002 and 3% in 2003 had ever been arrested. Similarly, the proportion of men who had ever visited with a narcologist or visited a narcologist dispensary increased from 6% in 2002 to 11% in 2003 while 3% of women in 2002 and 2% in 2003 had visited such a place.

Approximately 10% of men in 2002 and 18% in 2003 had heard of a place in the city where IDUs can get new syringes. The proportion of women who knew of such a place was slightly lower with 6% in 2002 and 7% in 2003 who know of such a place.

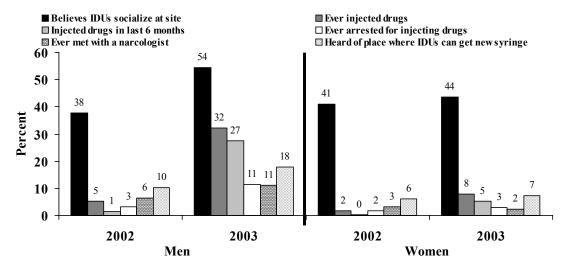


Figure 29. Injecting drug use behavior by individuals socializing at sites.

Contact with Treatment Facilities

In 2002, the majority of men (82%) and women (87%) had ever visited a state medical clinic. Contact with private medical clinics was not as common with 48% of men and 54% of women having ever visited a private clinic. A quarter of men and one third of women had ever been to an emergency clinic. Approximately a quarter of men and women had ever visited an infection hospital and roughly 15% of men and women had ever visited a skin or venerological dispensary or a TB dispensary. Less than 10% of respondents had ever visited a trust point, or talked with a private vernerological or narcological doctor, or talked to an outreach or social worker about injection drug use.

Knowledge of STI Symptoms

In 2003, 95% of men and women reported that they had heard of diseases or infections that could be transmitted through sexual intercourse. When asked to name signs or symptoms that indicate that someone has a sexually transmitted disease or infection, the most commonly named signs and symptoms by men were discharge from penis (57%), burning pain on urination (34%), itching in genital area (28%), and genital ulcers or open sores (26%). The most commonly named signs and symptoms by women were discharge from vagina (64%), itching in genital area (42%), genital ulcers or open sores (37%), and lower abdominal pain (26%). Approximately 6% of men and women did not know any signs or symptoms which indicate that someone has a sexually transmitted disease or infection.

Self-Reported STI Symptoms

In 2003, only 3% of men and 14% of women reported that they had experienced STI symptoms in the past four weeks (Figure 30). The most commonly reported symptom among men was pain on urination (2%) and among women, lower abdominal pain (10%). Among men who had symptoms

approximately equal proportions self- treated, sought treatment from either a public clinic or hospital or a private physician or clinic, and did not receive any treatment. Among women who had symptoms, half self-treated and less than 20% sought treatment from either a public clinic or hospital or a private physician or clinic. Almost a quarter of women with symptoms did not seek treatment.

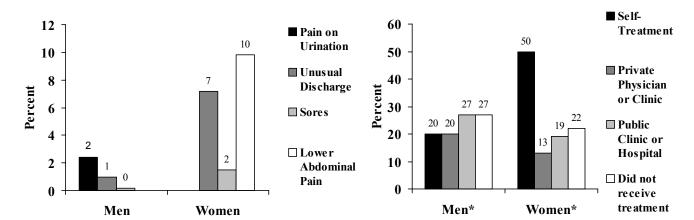


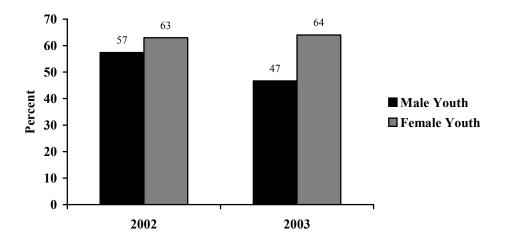
Figure 30. STI symptoms and treatment.

^{*}Among the 3% of men and 14% of women with any symptoms in past 4 weeks.

Part 2: Results from Interviews with Youth

Youth, aged 18 to 25 years, included as part of the representative sample, were also examined as a separate group. In 2002 57% of men and 63% of women interviewed as part of the representative sample were youth (Figure 31). In 2003, 47% of men and 64% of women interviewed as part of the full sample of individuals interviewed were youth. Women socializing at the sites tended to be younger than male patrons and this difference in age is reflected in the higher proportion of female youth compared to male youth.

Figure 31. Proportion of youth in the representative sample of individuals socializing at the sites.



Youth: Socio-demographic Characteristics

Youth were not significantly different from the representative sample of patrons in terms of current residence, years at residence, and nights slept outside the city during the past three months. Youth were less likely to be married or employed full time compared to representative sample and more likely to be students.

Youth in the 2002 sample were similar to the 2003 sample except that male youth in 2002 were more likely to report spending at least one night outside of the city in the past three months (59%) than male youth in 2003 (45%) (Figure 32).

Youth: Interviewer Opinion of Respondent

There was no difference in the interviewers' perception of youth compared to individuals in the larger sample. As with the older men, male youth in 2003 were significantly more likely than male youth in 2002 to be identified by the interviewer as and IDU (32% vs. 3%, respectively). Similarly among women, female youth in 2003 were significantly more likely to be identified as a CSW than female youth in 2003 (54% vs. 31%, respectively) (Figure 33).

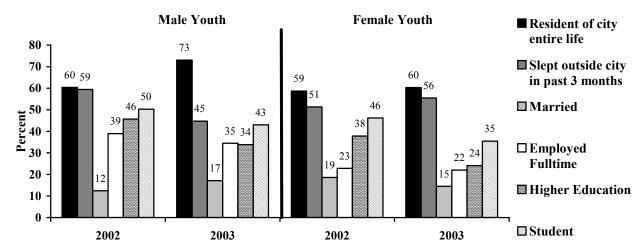
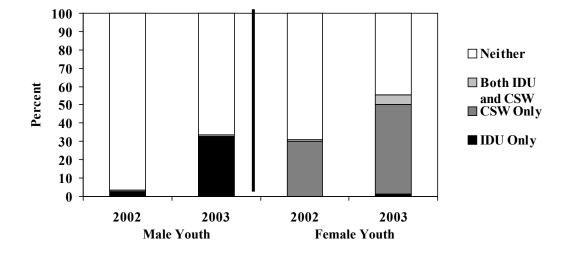


Figure 32. Socio-demographic characteristics of youth socializing at sites.

Figure 33. Interviewer opinion of youth socializing at sites.



Youth: Site Visitation

The frequency of attendance at sites by youth was similar to the pattern of the representative sample and did not vary by gender. On average, male youth visited the site 2.7 times during the past seven days and female youth 2.8 times. The proportion of youth who visited the site daily ranged from 15% of female youth in 2002 to 28% of male youth in 2003. Roughly two thirds of youth first visited the site over one year ago.

Male youth were slightly more likely to walk to the site (39%) or come via public transportation (35%) than to come to the site by car (26%). Approximately equal proportions of female youth walked to the site (33%), came by car (32%), and came via public transportation (35%).

Youth: Reason for Site Visit

Youth visited the sites for the same reasons as individual in the representative sample. The majority of youth came to the site to socialize with friends (89% of male youth and 78% of female youth). Approximately a third of male and female youth came to the site to drink alcohol. Female youth were more likely to report coming to the site to meet a new partner (39%) than male youth (23%).

Youth: New partnership formation at sites

Youth in 2002 were more likely than youth in 2003 to believe that people come to the interview site to meet new sexual partners. The proportion of youth who thought that people came to the site to meet new partners increased from almost two thirds in 2002 to over three quarters in 2003 (Figure 34). Slightly over a quarter of male youth each year had met a new partner at the site. The proportion of female youth who had met a new partner at the site increased from 29% in 2002 to 43% in 2003. Female youth were more likely to have recently attracted a new partner at the site than male youth. Among those who had ever attracted a new partner at the site, 69% of female youth in 2002 and 77% in 2003 had attracted a new partner at the site in the past four weeks compared to 42% of male youth in 2002 and 45% of male youth in 2003 who had done so. This differential in new partnerships at the site by gender was also seen in the representative sample.

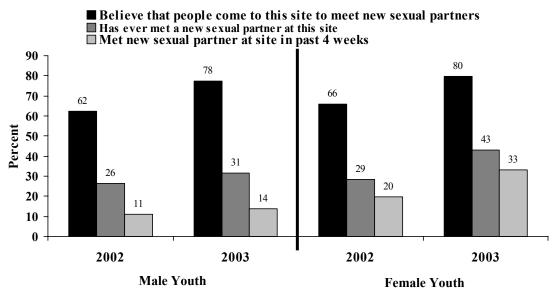


Figure 34. Partner selection reported by youth socializing at the sites.

Among youth who had ever met a new sexual partner at the site, 57% of male youth in 2002 and 63% in 2003 used a condom with their last new partner from the site. Among female youth, 65% in 2002 and 73% of female youth in 2003 who had met a new partner at the site used a condom with their last new partner from the site.

In 2002, male and female youth who met a new partner at the site were more likely to have used a condom with their last new partner from the site if condoms were always available at the site compared to with new partners met at sites with condoms never available (Figure 35). In 2003, there was no difference in condom use by condom availability at the site among male and female youth who met a

new partner. However, the number of youth who met new partners at sites with condoms was quite small in 2003.

■ Condoms always available at site ■ Condoms never available at site Male Youth Female Youth

Figure 35. Condom use with last new partner met a site by condom availability at site.

Youth: Number of Sexual Partners

Approximately two thirds of male youth had at least one partner in the past four weeks and slightly more than half of those with at least one partner in the past four weeks had at least one new partner during this time period (Figure 36). The proportion of female youth who had at least one partner in the past four weeks increased from 52% in 2002 to 74% in 2003. Of those with at least one partner in the past four weeks, approximately 60% each year had at least one new partner during this time period.

The distribution of the number of partners during the past 12 months was similar among the youth and the representative samples in 2002 and in 2003. In 2003, 75% of male youth and 67% of female youth reported a new partner in the past 12 months, compared to 69% of male youth and 50% of female youth in 2002.

Youth: Regular Sexual Partners

Youth were much less likely to have a long-term sexual partner compared to the representative sample. In 2002 54% of male youth and 50% of female youth reported a regular, long-term sexual partner. In 2003, 56% of male youth and 63% of female youth reported so.

Youth: Age Difference among Partners

In 2003, individuals were asked the age of the youngest and oldest person that they had had sex with in the past 12 months. The distribution of the age difference for the youngest partner was not as skewed as in the representative population but male youth on average tended to have partners younger than themselves while female youth were more likely to have older partners (Figure 37). Among male youth, the average age of the youngest partner is 2.4 years younger and their oldest partner was an average of 3.0 years older. The youngest partner of female youth was, on average, the same age as herself and the oldest partner was, on average, 15.1 years older with 44% of female youth having a partner 10 or more years older.

Figure 36. Proportion of youth socializing with at least one sexual partner in past four weeks by gender.

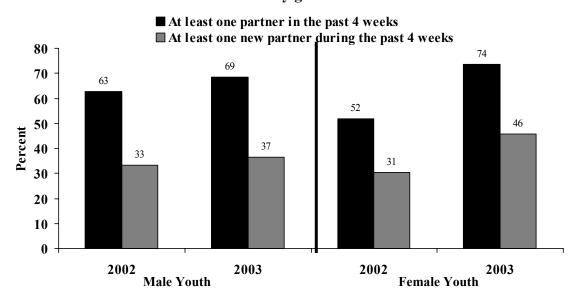
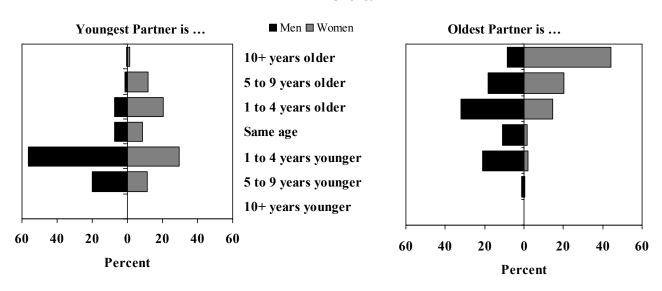


Figure 37. Age difference between respondent and youngest/oldest partner in the past 12 months.



Youth: Transactional Sex

In 2002, a quarter of youth engaged in transactional sex in the past three months, similar to the proportion of individuals in the representative sample who engaged in such activity (Figure 38). In 2003, the proportion of male youth who engaged in transaction sex did not change but the proportion of female youth who had increased to 46%.

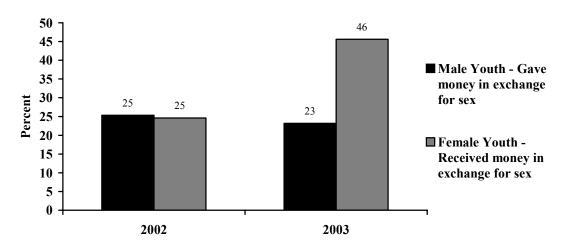


Figure 38. Transactional sex among youth.

Youth: Gay Sex

Approximately 1% of male youth reported having sex with another man in the past four weeks, similar to the proportion in the representative sample.

Youth: Self-Reported Condom Use

There was no change in condom use by youth from 2002 to 2003 (Figure 39). Approximately 80% of female youth used a condom with their last new partner while approximately 70% of male youth did so. Around 40% of youth used a condom at last sex with a regular partner. The proportion of male youth who had never used a condom decreased from 27% in 2002 to 17% in 2003 and the proportion of female youth decreased from 43% to 25%.

In 2003, 57% of male youth and 62% of female youth reported always using a condom with their new partners in the past four weeks. Approximately 16% of male youth and 6% of female youth reported never using a condom with new partners in the past four weeks, while the remaining 27% of male youth and 32% of female youth with used condoms sometimes with new partners during this time period.

Among male youth who did not use a condom with their last new partner in the past four weeks, the most common reason for not using a condom was that they did not like condoms (58%). Among female youth, the most common reason for not using a condom with their last new partner in the past four weeks was that their partner protested (44%).

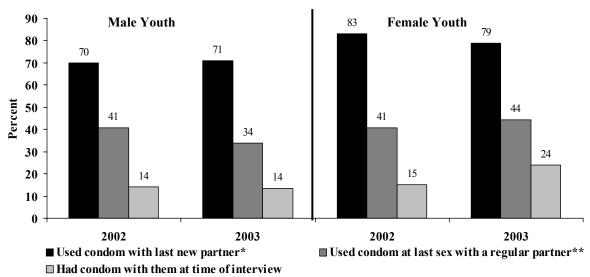


Figure 39. Condom use by youth.

**Among youth with a regular partner

Youth: Perceived Condom Effectiveness

Among those who use condoms and had a partner in the past 12 months, 15% of male youth and 30% of female youth reported that they had had a condom break during this time period. Youths' perception of the effectiveness of condoms was similar to that of the representative sample. Approximately a third of youth reported that they thought condoms were very effective in preventing STIs including HIV and another third thought that they were somewhat effective. Approximately 22% thought that they were not very effective but less than 3% thought that they were not effective at all. Only 6% of male youth and 12% of female youth did not know whether or not they were effective. On average, youth thought that a reasonable price of a condom was slightly higher than the average price named by individuals in the representative sample. Male youth thought that a reasonable price for a condom should be 291 sums and female, 296 sums.

Youth: Condom Availability

Having a condom at the time of interview did not change substantially from 2002 to 2003. A condom was actually seen by the interviewer for approximately 10% of male youth during both years and the proportion of female youth who had a condom that was seen by the interviewer was 10% in 2002 and 19% in 2003. As in the representative population, Context and Favorite were the most commonly seen brands of condoms. Among those that had a condom seen by the interviewer, 31% of male youth and 19% of female youth had a Favorite brand condom and 19% of male youth and 30% of female youth had a Context brand condom.

As in the representative population, pharmacies, kiosks, and grocery stores were frequently named by male youth as the location where they obtained their last condom and pharmacies and their partners were frequently named by female youth (Figure 40).

^{*}Among youth with at least one new partner in past four weeks

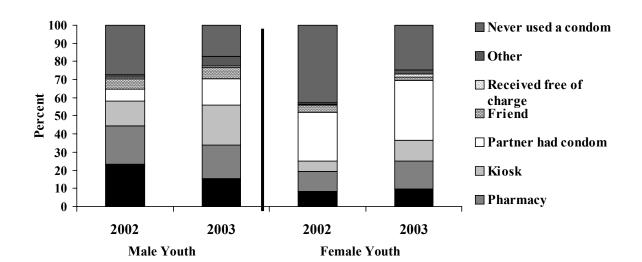


Figure 40. Location where last condom used was obtained.

Youth: Exposure to HIV/AIDS Education

In 2002, 24% of male youth and 28% of female youth have attended an AIDS education session during the past 12 months. In 2003, individuals socializing at sites were asked if they had seen or heard any information about HIV/AIDS in the past 12 months and 78% of male youth and 85% of female youth responded that they had. As in the representative sample, television was the most frequently reported source from which information about HIV/AIDS had been received with approximately two-thirds of youth having done so. Other sources reported by 30% to 46% of youth included newspapers, magazines, leaflets, and posters, friends and relatives, and the radio. Female youth were slightly more likely than male youth to report having received information from a doctor or health care worker (25% vs. 18% respectively) and from a friend or relative (46% vs. 35% respectively) but the proportions receiving information from the other sources were approximately equal among male and female youth.

Youth: Opinion about HIV/AIDS as a Problem in Tashkent

In 2003, respondents were asked whether they perceived HIV/AIDS as a problem in Tashkent. As in the representative sample, over half of male youth (53%) and female youth (56%) interviewed thought that HIV/AIDS was serious problem in Tashkent (Figure 41). Less than 5% thought that it was not a problem at all in Tashkent.

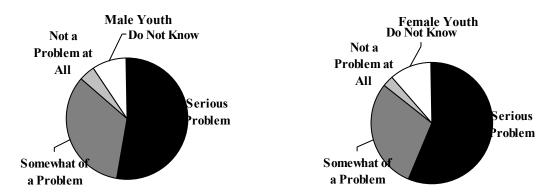


Figure 41. Youth opinion of HIV/AIDS as a problem in Tashkent.

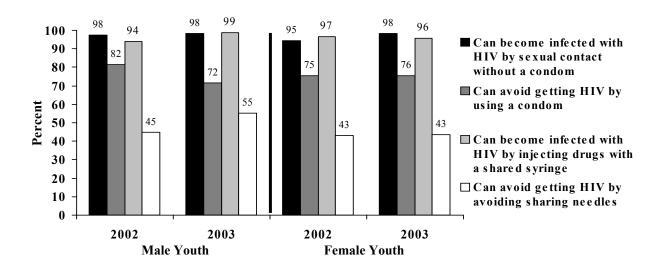
Youth: Knowledge of HIV/AIDS

Youth were also asked about their knowledge of HIV/AIDS transmission and prevention. Over 98% of youth knew that it is possible to become infected with HIV/AIDS through sexual contact without a condom, over 96% knew it is possible to become infected through injecting drugs with a shared syringe, and over 84% knew it is not possible to become infected through a handshake. Knowledge did not differ significantly between male and female youth or between 2002 and 2003. As in the representative sample, youth were less certain whether HIV/AIDS could be transmitted through eating from a common dish, swimming in a common pool, or from an insect bite. The mean number of questions answered correctly by youth was 4.4 out of 6.

As in the representative sample, more youth knew the modes of transmission of HIV than the methods to protect against transmission (Figure 42). Over 95% of male and female youth reported that HIV/AIDS can be transmitted by sexual contact but only 82% of male youth and 72% of female youth responded that people can avoid or reduce chance of getting HIV by using a condom. Over 94% of youth reported that HIV could be transmitted by injecting drugs with a shared syringe but only 45% of male youth in 2002 and 55% in 2003 and 43% of female youth named avoiding needle sharing as a way to avoid or reduce the chance of HIV transmission. The majority of youth named 2 or 3 ways that an individual could avoid or reduce the chance of becoming infected with HIV. Less than 3% of youth were unable to name any ways.

Almost three quarters of male and female youth responded that a person who looks healthy can be infected with HIV. However, 13% to 22% of youth replied that they were not sure.

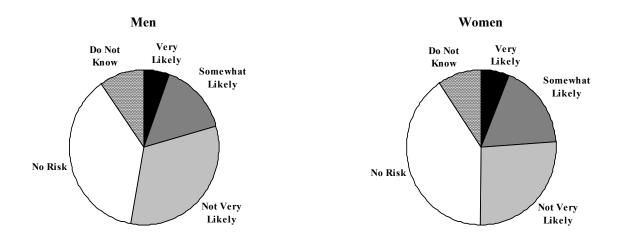
Figure 42. Knowledge about how a person may become infected with HIV and ways to avoid or reduce chances of getting HIV.



Youth: Perception of Personal Risk for HIV Infection

In 2003, respondents were asked their opinion of their personal risk of contracting the HIV/AIDS virus. Youth had similar risk perception for HIV as individuals in the representative sample. Only 6% of male and female youth thought that they were very likely to contract the HIV/AIDS virus and approximately 40% thought that they were at no risk at all for contracting the virus (Figure 43).

Figure 43. Youth perception of likelihood of contracting the HIV/AIDS virus.



Youth: HIV Testing

Youth had similar patterns of HIV testing and counseling as individuals in the representative sample and the proportion that had been tested did not change between years. Almost a quarter of male youth and a third of female youth had been tested in the previous 12 months. Of those who were tested, 36% of male youth and almost half of youth were tested voluntarily while testing for the remaining was obligatory.

Among those who had been tested in 2003, approximately a third of male and female youth reported that they had received counseling about ways of transmission and other HIV/AIDS related information.

Approximately half of youth in 2003 reported that they would be interested in getting an HIV test voluntarily. When asked if they knew where in Tashkent a person could receive an HIV test, the most frequently named place was a hospital or clinic with 60% of male youth and 65% of female youth responding as such. Approximately 17% of male youth and 15% of female youth did not know of any place where a person could obtain an HIV test.

Youth: Opinion about Injection Drug Use in the Unit of the City Where Interview Occurred

Respondents were asked about injection drug use in the area as well as about their personal drug use. As in the representative population, youths' opinion about drug use in the area increase substantially between 2002 and 2003 (Figure 44). In 2002, 5% of male youth thought that injection drug use was very common in the unit of the city in which they were interviewed and in 2003, this proportion had more than tripled to 17%. However, oversampled IDUs were included in the youth sample in 2003. Similarly, among female youth, the proportion that thought injection drug use was very common in the area doubled from 7% in 2002 to 16% in 2003. Approximately 10% of youth in 2002 and 5% in 2003 thought that injection drug use did not occur in the area but 15% to 31% did not know whether injection drug use occurred in the unit.

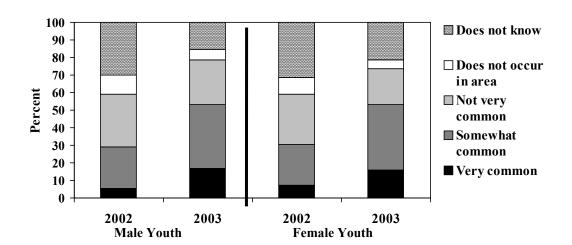


Figure 44. Youths' opinion of injecting drug use in city unit of interview.

Youth: Opinion whether Injection Drug Users Socialize at the Site

The proportion of male youth who thought that IDUs socialized at the interview site increased from 39% in 2002 to 55% in 2003 and the proportion of female youth who thought so was 43% each year (Figure 45). Roughly 20% of youth thought that IDUs did not socialize at the site and 28% to 42% reported that they did not know whether or not IDUs socialized there.

Youth: Self-Reported Injection Drug Use and Knowledge of Needle Exchange Sites

Male youth were more likely than female youth to have ever injected drugs but the proportion of male and female youth who ever injected drugs was similar to the proportions of men and women who had done so in the representative sample. Drug use increased substantially between 2002 and 2003. The proportion of male youth who had ever injected drugs increased from 5% in 2002 to 31% in 2003 and from 2% to 8% among female youth. Among male youth who had ever injected drugs, only 26% in 2002 had injected in the past six months compared to 85% who had in 2003. Female youth were also much less likely to have injected drugs recently compared to male youth but among those who had ever injected drugs, the proportion of female youth who had injected drugs during the past six months increased from 30% in 2002 to 61% in 2003. As in the representative sample, youth rarely had been arrested for drugs or visited a narcologist. Between 6% and 18% of youth had heard of a place in the city where IDUs could obtain a new syringe.

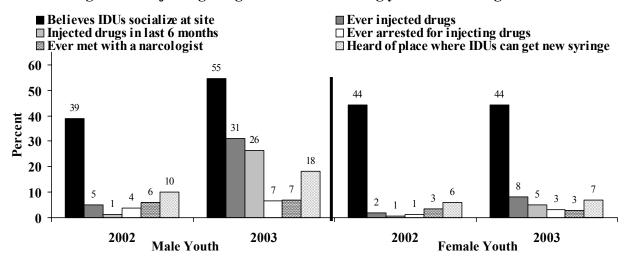


Figure 45. Injecting drug use behavior among youth socializing at sites.

Youth: Contact with Treatment Facilities

As in the representative sample, the majority of male (80%) and female (86%) youth had visited a state medical clinic. Contact with private medical clinics was not as common with 47% of male youth and 56% of female youth having ever visited such a facility. Approximately a quarter of youth had ever been to an emergency clinic. Between 15% and 25% of male and female youth had ever visited an infection hospital, a skin or venerological dispensary, and/or a TB dispensary. Less than 10% of youth had ever visited a trust point, talked with a private venerological or narcological doctor, or talked to an outreach or social worker about injection drug use.

Youth: Knowledge of STI Symptoms

Youth had similar knowledge about STI symptoms as individuals in the representative sample. In 2003, 95% of male and female youth reported that they had heard of diseases or infections that could be transmitted through sexual intercourse. When asked to name signs or symptoms that indicate that someone has a sexually transmitted disease or infection, the most commonly named signs and symptoms by male youth were discharge from penis (55%), burning pain on urination (29%), itching in genital area (27%), and genital ulcers or open sores (25%). The most commonly named signs and symptoms by female youth were discharge from vagina (61%), itching in genital area (39%), genital ulcers or open sores (36%), and lower abdominal pain (26%). Less than 10% of youth did not know any signs or symptoms that indicate that someone has a sexually transmitted disease or infection.

Youth: Self-Reported STI Symptoms

The proportion of youth who reported STI symptoms and sought treatment was similar to the representative population. In 2003, 3% of male youth and 15% of female youth reported that they had experienced STI symptoms in the past four weeks. The most commonly reported symptom among male youth was pain on urination (3%) and among female youth, lower abdominal pain (11%) (Figure 46). Among those who had symptoms, only 10% of male youth sought treatment from a private physician or clinic and 23% from a public clinic or hospital. A third of male youth with symptoms did not receive any treatment and 10% self-treated. Over half of female youth with symptoms self-treated, approximately 15% sought treatment from a private physician or clinic or from a public clinic or hospital, and 20% did not receive any treatment for their symptoms.

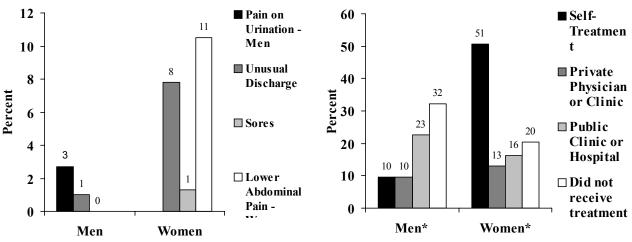


Figure 46. STI symptoms and treatment among youth.

*Among the 3% of male youth and 15% of female youth with any symptoms in past 4 weeks.

Part 3: Commercial Sex Workers and Clients

Commercial sex workers are defined as women who reported receiving money in exchange for sex during the past three months. Clients of commercial sex workers are defined as men who reported giving money or other gifts in exchange for sexual service during the past three months. Commercial sex workers and clients were interviewed as part of the representative sample of patrons socializing at the sites. Almost a third of men in the representative sample each year were clients of sex workers in the past three months (Figure 47). The proportion of women in the representative sample who were commercial sex workers increased from 27% in 2002 and 44% in 2003.

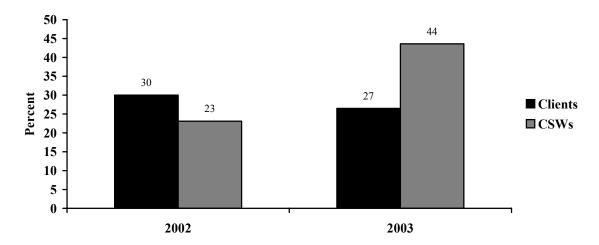


Figure 47. Proportion of commercial sex workers and clients in the representative sample.

Clients and CSWs: Socio-demographic Characteristics

Male clients of CSWs did not differ significantly from men in the representative sample in terms of age, residence, education, and employment status. The average age of clients increased from 25 years in 2002 to 29 years in 2003. Over 90% of clients were residents of the city with the majority living in the city for five or more years (Figure 48). A quarter lived within a ten minute walk of the site. Roughly 55% of clients were employed full-time. The proportion of clients who were married increased from 30% in 2002 to 46% in 2003. Clients were slightly less likely to have spent at least one night outside of the city in the past three months compared to men in the representative sample. Almost two thirds of clients had spent at least one night outside of the city compared to half of men in the representative sample.

CSWs are significantly different from the women in the representative sample in terms of age, marital status, education, and employment status. CSWs, on average, were younger than women in the representative sample and than their clients. The average age of CSWs was 23 years in 2002 and 25 years in 2003. Only 10% of CSWs were married and less than 15% of CSWs reported being employed fulltime. Approximately 11% of CSWs were current students and public high school was the highest educational attainment for half of CSWs. Almost 60% had spent at least one night outside of the city in the past three months. A quarter of CSWs lived within a ten minute walk of the site.

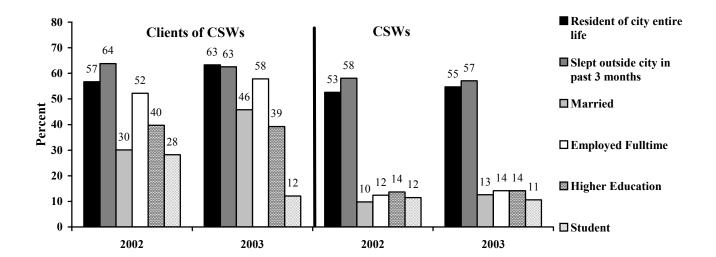


Figure 48. Socio-demographic characteristics of CSWs and clients.

Clients and CSWs: Interviewer Opinion of Respondent

Interviewers were asked to record their opinion whether a male respondent was an IDU and a female respondent an IDU and/or CSW (Figure 49). Almost 30% of clients each year were identified by the interviewer as an IDU. Over 90% of CSWs were identified as such each year including 7% of IDUs in 2002 and 11% in 2003 who were also thought to be IDUs. Only 7% of CSWs in 2002 and 9% in 2003 were not identified as such by the interviewers.

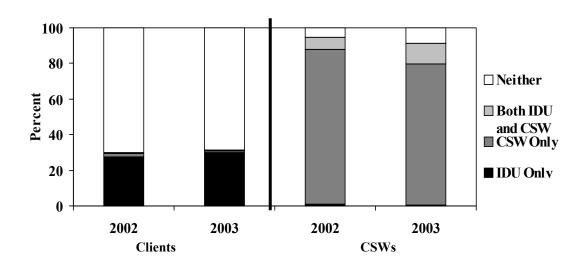


Figure 49. Interviewer opinion of risk behavior among CSWs and clients.

Clients and CSWs: Site Visitation

The frequency of site attendance by clients of CSWs did not differ significantly from that of men in the representative sample (Figure 50). Approximately 70% of clients first visited the site over one year

ago, similar to the proportion of men in the representative sample. CSWs visited the sites much more frequently than clients and more frequently than women in the representative sample. The majority of CSWs visited the site multiple times per week. Over 60% of CSWs had first visited the site over a year ago. On average, clients visited the site 2.6 days out of the past seven days and CSWs visited 3.1 of seven days.

Approximately 37% of clients and CSWs walked to the site and came by car. A quarter of clients and CSWs came to the site via public transportation.

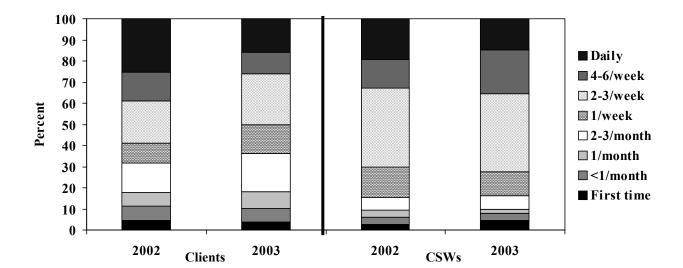


Figure 50. Frequency of attendance at site by CSWs and clients.

Clients and CSWs: Reason for Site Visit

As in the representative sample, the majority of clients (81%) reported coming to the site to socialize with friends but 39% reported coming to the site to meet a new sexual partner and 51% came to drink alcohol, higher proportions than men in the representative sample who came to the site to engage in these activities. CSWs were substantially more likely than women in the representative sample to report coming to the site to meet a new sexual partner (77%) and drink alcohol (47%). Three quarters of CSWs also came to the site to socialize with friends (47%).

Clients and CSWs: New Partnership Formation at Sites

As expected, a substantially higher proportion of CSWs and clients thought that people came to the site to meet new sexual partners compared to men and women in the representative sample. Almost 90% of clients and 93% of CSWs thought that people came to the site to meet new sexual partners (Figure 51).

In fact, half of clients and over 80% of CSWs each year had met a new sexual partner at the interview site. Among clients who met a new sexual partner at the site, three quarters in 2002 and 64% in 2003 used a condom with their last new partner met at the site, slightly higher than the proportion of men in the representative sample. Three quarters of CSWs each year used a condom with the last new partner

met at the site. CSWs were much more likely to have med a new partner at the site in the past seven days compared to clients and to women in the representative sample.

■ Believe that people come to this site to meet new sexual partners ■ Has ever met a new sexual partner at this site ■ Used a condom with last new partner met at site

Figure 51. Partner selection reported by CSWs and clients socializing at sites.

In 2002, reported condom use by clients and CSWs was higher at sites where condoms were always available in the past 12 months compared to sites where they were never available. In 2003, the differential between reported condom use as sites with and without condoms always available decreased (Figure 52).

CSWs

Clients

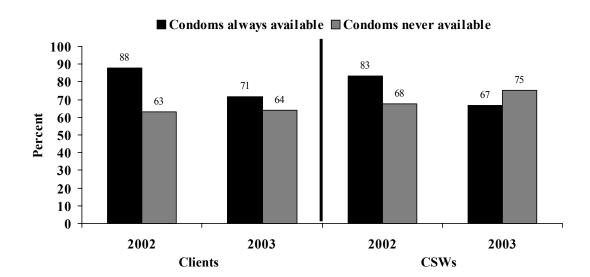


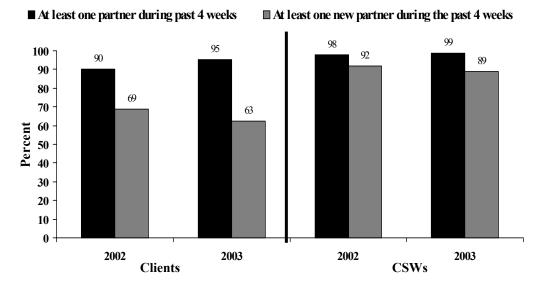
Figure 52. Condom use with last new partner met at site by condom available at site.

Clients and CSWs: Number of Sexual Partners

Clients of CSWs were much more likely than men in the representative sample to have had a new sexual partner during the past four weeks with over 95% of clients reporting at least one partner in the past four weeks, three quarters in 2002 and two thirds in 2003 had a new sexual partner during that time period (Figure 53). These men were also more likely to have a greater number of total partners including more new partners, during the past 12 months. Approximately two thirds of clients had four or more new partners in the past 12 months compared to a third of men in the representative sample.

Almost all CSWs reported having at least one new partner in the past four weeks. Almost half reported four or more new sexual partners in the past four weeks and 71% of CSWs in 2002 and 76% in 2003 had 10 or more new partners during the past 12 months. Over 85% of CSWs in 2002 and 66% in 2003 went to only one or two sites to look for clients.

Figure 53. Proportion of CSWs and clients with at least one sexual partner during the past four weeks.



Clients and CSWs: Regular Sexual Partnerships

Almost two thirds of men who gave money in exchange for sex during the past three months had a long-term sexual partner (Figure 54). Regular partnerships among women who received money in exchange for sex during the past three months ranged from 62% in 2002 to 73% in 2003.

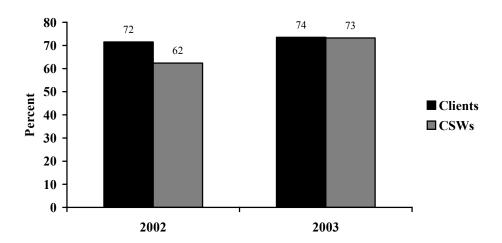


Figure 54. Regular partnerships of CSWs and clients.

Clients and CSWs: Age Difference among Partners

In 2003, individuals were asked the age of the youngest and oldest person that they had had sex with in the past 12 months. The distribution of the age difference between clients and CSWs is substantially different than men and women in the representative sample. The oldest partner for 87% of CSWs was 10 or more years older (Figure 55). On average, the youngest partner for clients was 9.1 years younger and the oldest partner was 2.7 years older. Among CSWs, the youngest partner was an average of 3.6 years younger and the oldest partner was an average of 21.6 years older.



Figure 55. Age difference between respondent and youngest/oldest partner in past 12 months.

Clients and CSWs: Gay Sex

As in the representative sample, the proportion of clients who reported engaging in sex with another man in the past four weeks was small. The proportion of clients reporting having sex with another man in the past four weeks was 1.3% in 2002 and 2.4% in 2003.

Clients and CSWs: Self-Reported Condom Use

Condom use remained high among CSWs and their clients (Figure 56). Approximately 90% of clients had ever used a condom. Among those clients who had a new partner in the past four weeks, over 70% reported using a condom with their last new partner. Clients were also asked about consistency of condom use. Among those who had a new partner in the past four weeks, 55% reported always using a condom with new partners during this time period, 31% reported sometimes using a condom, and less than 5% never used condoms. As in the representative sample, not liking condoms (46%) was the most common reason given for not using a condom with the last new partner. Among clients with a regular partner, condom use at last sex with a regular partner decreased from 42% in 2002 to 25% in 2003.

Condom use by CSWs was much higher than women in the representative sample. Only 3% of CSWs had never used a condom. Over 80% of CSWs used a condom with their last new partner. Among CSWs with a regular partner, condom use at last sex with a regular partner decreased slightly from 62% in 2002 to 48% in 2003. As with women in the representative sample, the proportion who reported that they always used condoms with new partners was lower. Almost two thirds of CSWs reported that they always used condoms with new partners in the past four weeks. Approximately 10% reported never using condom with new partners in the past four weeks.

In 2003, CSWs were asked specifically about condom use the last time then received money in exchange for sex and 82% reported using a condom the last time. Of those who used a condom, 57% of CSWs reported that they suggested using the condom, 31% said that the decision was made jointly with their partner, and 10% said that their partner suggested using the condom. Among those CSWs who did not use a condom last time they received money in exchange for sex, the most common reasons were that their partner protested (41%), they did not have condoms at hand (15%), and they do not like condoms (13%).

Clients and CSWs: Perceived Condom Effectiveness

Clients were slightly more likely to report having a condom break than individuals in the representative sample. Among those who use condoms and had a partner in the past 12 months, 32% of clients reported that they had a condom break during this time period. Clients had the same perception of condom effectiveness as men in the representative sample with approximately one third believing they are very effective in preventing STIs including HIV and 5% believing that they are not effective at all. Clients believed that a reasonable price for a condom is 270 sums.

Approximately 40% of CSWs who use condoms and had a partner in the past 12 months reported having a condom break during this time period. Approximately 44% of CSWs believe that condoms are very effective in preventing STIs including HIV and 3% believe that they are not effective at all. CSWs believed that a reasonable price for a condom is 264 sums.

Clients and CSWs: Condom Availability

Clients were slightly more likely to have a condom with them at the time of the interview than men in the representative sample. Approximately 18% of clients had condom with them that was seen by the interviewer. CSWs were also substantially more likely than women in the representative sample and more likely than clients to have a condom with them at the time of the interview. The proportion of interviewers who was shown a condom by a CSW was 27% in 2002 and 36% in 2003. As in the representative sample, Context and Favorite were the most common brands of condoms seen. Among those who had a condom with them that was seen by the interviewer, 22% of clients and 12% of CSWs had a Favorite brand condom and 19% of clients and 33% of CSWs had a Context brand condom.

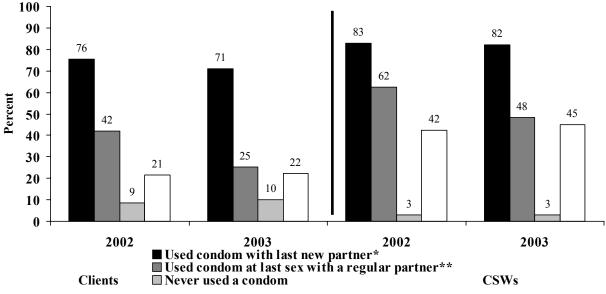


Figure 56. Condom use by CSWs and clients.

Clients of CSWs were most likely to have obtained their last condom from a pharmacy, kiosk, grocery store or their partner. CSWs were most likely to obtain their last condom from their partner but grocery stores, pharmacies, and kiosks were also frequently reported locations.

Among those who had ever used a condom, Context was most commonly reported (18% of clients and CSWs) as the last brand of condom used. However, 39% of clients and 26% of CSW did not remember or know the last brand of condom used.

Clients and CSWs: Exposure to HIV/AIDS Education

In 2002, 15% of clients and 11% of CSWs had attended an AIDS education session in the past 12 months. In 2003, individuals socializing at the sites were asked if they had heard or seen any information about HIV/AIDS in the past 12 months and approximately 80% of clients and CSWs responded in the affirmative. Television was the most frequently reported source from which this information was received with two-thirds of clients and CSWs having done so. Other sources reported by 27% to 44% of clients and CSWs included newspapers, magazines, leaflets, and posters, friends and relatives, doctors and healthcare workers, and the radio. CSWs were slightly more likely than clients

^{*}Among individuals with at least one new partner in the past four weeks

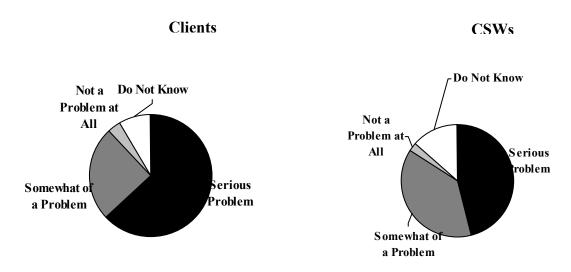
^{**} Among individuals with a regular partner

and women in the representative sample to report having received information from a doctor or health care worker but the proportions receiving information from the other sources were approximately equal among CSWs and clients.

Clients and CSWs: Opinion about HIV/AIDS as a Problem in Tashkent

In 2003, respondents were asked whether they perceived HIV/AIDS as a problem in Tashkent. Approximately 63% of clients and 46% of CSWs interviewed thought that HIV/AIDS was a serious problem in Tashkent (Figure 57). Less than 4% thought that it was not a problem at all in the city.

Figure 57. Client and CSW opinion of HIV/AIDS as a problem in Tashkent.

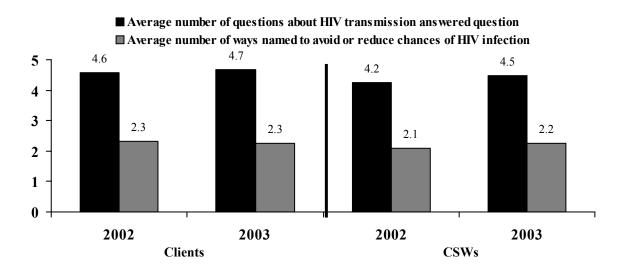


Clients and CSWs: Knowledge of HIV/AIDS

Almost all clients and CSWs responded that it is possible to become infected with HIV/AIDS through sexual contact without a condom. Clients and CSWs were asked six questions about possible ways that HIV could be transmitted (Figure 58). On average, clients and CSWs answered a similar number of questions correctly (4.4 questions) compared to individuals in the representative sample.

CSWs and clients were more likely than individuals in the representative sample to name using condoms as a way to avoid or reduce the risk of getting HIV. However, the proportion of clients who named condoms as a way to avoid or reduce the risk of getting HIV decreased from 89% in 2002 to 71% in 2003 but over 85% of CSWs each year named condoms. On average, clients and CSWs named the just over two ways to avoid or reduce the risk of HIV.

Figure 58. Knowledge of CSWs and clients about HIV transmission and ways to avoid or reduce risk of transmission.



Just over three-quarters of clients and 61% of CSWs in 2002 and 72% in 2003 responded that a person who looks healthy can be infected with HIV. Approximately 13% of clients and 15% to 26% of CSWs responded that they did not know.

Clients and CSWs: Perception of Personal Risk for HIV Infection

In 2003, respondents were asked their opinion of their personal risk of contracting the HIV/AIDS virus. Clients and CSWs were more likely than individuals in the representative sample to think that they were very or somewhat likely to contract the virus. Approximately 34% of CSWs and clients thought that they were very or somewhat likely to contact the virus compared to 23% of men and 21% of women in the representative sample who thought so (Figure 59). Approximately 20% of clients and CSWs thought that they were at no risk at all and roughly 15% did not know.

Clients and CSWs: HIV Testing

The proportion of clients tested for HIV in the past 12 months decreased slightly from 40% in 2002 to 30% in 2003. Of those tested, the proportion tested voluntarily decreased from 56% in 2002 to 31% in 2003. Testing for the remaining was obligatory.

CSWs were more likely to have been tested for HIV in the past 12 months compared to women in the representative sample. However, the proportion of CSWs tested decreased from 62% in 2002 to 50% in 2003. Of those tested, the proportion tested voluntarily decreased from 71% in 2002 to 58% in 2003. Testing for the remaining was obligatory.

Among those who were tested for HIV in 2003, a third of clients and 41% of CSWs reported that they had received counseling about the ways of transmission and other HIV/AIDS related information.

Clients **CSWs** Do Not Do Not Very Likely Know Very Likely Know Somewhat Somewhat Likely No Risk Likely No Risk **Not Very** Not Very Likely Likely

Figure 59. Perception of likelihood of contracting the HIV/AIDS virus.

Approximately 57% of clients, similar to the proportion of men in the representative sample, reported that they would be interested in a voluntary HIV test. CSWs were more likely to report being interested in such a test than women in the representative sample with 69% of women reporting interest in a voluntary HIV test. In 2003, respondents were also asked if they knew where in Tashkent a person could receive an HIV test. The most frequently named place was a hospital or clinic with 60% of clients and 67% of CSWs responding as such. Less than 10% of clients and CSWs did not know of a place where a person could get an HIV test.

<u>Clients and CSWs: Opinion about Injection Drug Use in the Unit of the City Where Interview Occurred</u>

CSWs and clients were also asked about injection drug use. The proportion of clients and CSWs who thought that injecting drug use was very or somewhat common in the area increased substantially from 2002 to 2003 (Figure 60). Two thirds of clients and CSWs reported that drug use was very or somewhat common in 2003 compared to less than 45% who responded as such the year before. The proportion who reported that drug use does not occur in the area decreased from around 10% to less than 4%.

Clients and CSWs: Opinion about whether IDUs Socialize at Site

CSWs and clients were slightly more likely than the representative population to believe that IDUs socialized at the interview site with approximately 60% of clients and CSWs believing so (Figure 61).

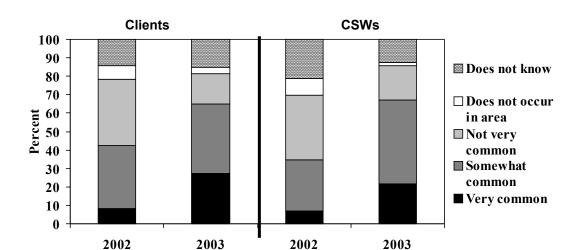
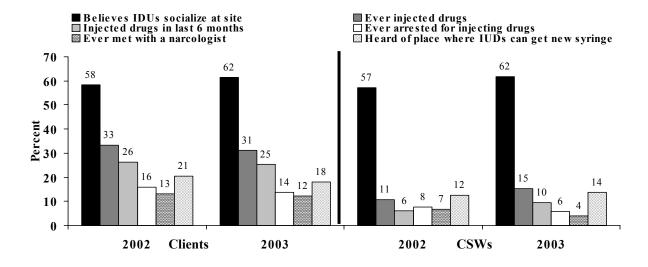


Figure 60. CSWs' and clients' opinion of injecting drug use in unit of interview.

Figure 61. Injecting drug use behavior of CSWs and clients.



Clients and CSWs: Self-Reported Injecting Drug Use

Clients reported injection drug use more frequently than CSWs. Approximately a third of clients had ever injected drugs and of those clients that ever inject drugs, approximately 80% had injected drugs in the past six months. Around 15% of clients had ever been arrested for injecting drugs and 12% had visited a narcologist. Two-fifths of clients had heard of a place in the city where IDUs can get a new syringe.

CSWs were much less likely than their clients to have injected drugs but more likely than women in the representative sample to have injected drugs. Approximately 11% of CSWs in 2002 and 15% in 2003 had ever injected drugs. Of those who had ever injected drugs, almost three quarters each year had injected in the past six months. Less than 10% of CSWs each year reported having been arrested for injecting drugs or having visited a narcologist. Almost 15% of CSWs had heard of a place in the city where IDUs can get a new syringe.

Clients and CSWs: Contact with Treatment Facilities

In 2002, clients had similar contact with medical treatment facilities as men in the representative sample with a couple of notable exceptions. Clients were slightly more likely to have ever and to have more recently visited a trust point and a private venerological doctor than men in the representative sample.

CSWs also had similar contact with medical treatment facilities as women in the representative sample with a couple of exceptions. CSWs were more likely to have ever and to have more recently visited an infection hospital, a skin/venerolgical dispensary, and a private venerological doctor compared to women in the representative sample.

Clients and CSWs: Knowledge of STI Symptoms

In 2003, approximately 97% of clients and CSWs, a similar proportion as in the representative population, reported that they had heard of diseases or infections that could be transmitted through sexual intercourse. When asked to name signs or symptoms that indicate someone has a sexually transmitted disease or infection, the most commonly named signs and symptoms by clients were discharge from penis (62%), burning pain on urination (37%), itching in genital area (33%), and genital ulcers or open sores (33%), the same as those named by men in the representative sample. The most commonly named signs and symptoms by CSWs were discharge from vagina (71%), itching in genital area (44%), genital ulcers or open sores (45%), and lower abdominal pain (29%). Only 5% of clients and 2% of CSWs did not know any signs or symptoms which indicate that someone has a sexually transmitted disease or infection.

Clients and CSWs: Self-Reported STI Symptoms

In 2003, 5% of clients and 22% of CSWs reported that they had experienced STI symptoms in the past four weeks (Figure 62). The most commonly reported symptom among clients was pain on urination (4%) and among CSWs, lower abdominal pain (15%). Among clients who had symptoms, only 22% received treatment from a public clinic or hospital, a private physician or clinic, or self-treated. A third of clients with symptoms did not receive any treatment. Over half of CSWs with symptoms self-treated. Treatment from a public clinic or hospital or a private physician or clinic was not common with approximately 15% of CSWs with symptoms seeking treatment from each of these locations. Two fifth of CSWs with symptoms did not seek treatment.

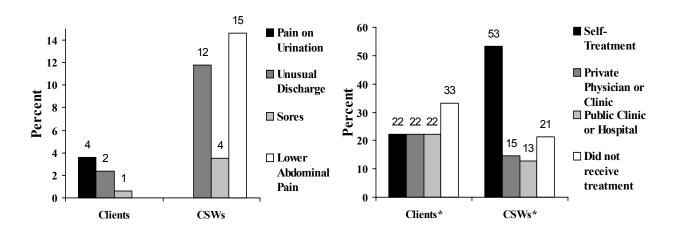


Figure 62. STI symptoms and treatment.

^{*}Among the 5% of clients and 22% of CSWs with any symptoms in past 4 weeks.

Part 4: Injection Drug Users

The target of 200 interviews with IDUs was achieved each year but oversampling of IDUs was necessary each year to achieve the target number. The majority of IDUs (>85%) were men. Because so few female IDUs were interviewed, 25 in 2002 and 30 in 2003, much of the analysis will be restricted to male IDUs.

IDUs: Socio-demographic Characteristics

On average, male IDUs were the same age as men in the representative sample with an average age of 27 years. Each year almost all male IDUs were residents of the city in which they were interviewed, slightly over a third were married, approximately 15% had at least some higher education, and approximately 11% were students (Figure 63). The proportion that slept outside of the city in the past three months decreased slightly from 39% in 2002 to 28% in 2003 and the proportion who were employed full time decreased substantially from 50% to 18%. Male IDUs were less likely than men in the representative sample to have spent at least one night outside the city, be married, have at least some higher education, or be a student.

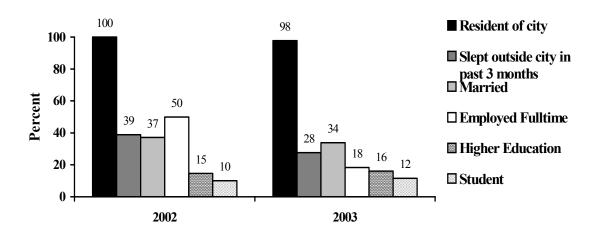


Figure 63. Socio-demographic characteristics of male IDUs.

IDUs: Interviewer Opinion of Respondent

At the start of each interview, interviewers were asked to record their opinion about risk behavior of the respondent. Over 95% of male IDUs were identified as such by interviewers each year (Figure 64). Over 90% of female IDUs were identified as such. The proportion of female IDUs who were thought to be both an IDU and a commercial sex worker increased substantially from 40% in 2002 to 73% in 2003. Approximately 10% were identified as only a CSW and none were identified as neither and IDU or CSW.

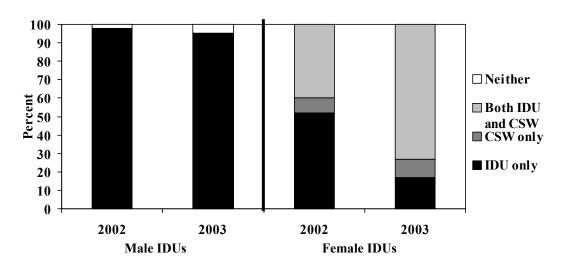


Figure 64. Interviewer opinion of IDU respondent.

IDUs: Site Visitation

Male IDUs visited the sites more frequently than men in the representative sample. Over three-quarters of male IDUs each year visited the site at least once a week (Figure 65). On average, male IDUs visited the interview site 2.5 days in the past seven days. Almost 90% of male IDUs in 2002 and 78% in 2003 first visited the interview site over a year ago. Approximately 43% of male IDUs walked to the site, 36% came via public transportation, and 21% came to the site by car.

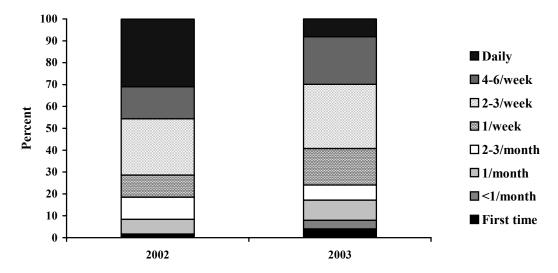


Figure 65. Frequency of attendance at site by male IDUs.

IDUs: Reason for Site Visit

Male IDUs were slightly more likely than men in the representative sample to report coming to the site to socialize with friends with 91% reporting so. Similar proportions of male IDUs and men in the representative sample came to the site to drink alcohol (36%) and meet a new sexual partner (20%).

IDUs: New Partnership Formation at Sites

IDUs were asked about whether people came to the interview site to meet new sexual partners (Figure 66). The proportion of male IDUs thought people came to the site to meet new sexual partners decreased from 94% to 73%. Roughly 85% of female IDUs thought that people came to the interview site to meet new sexual partners.

In 2002 male IDUs were more likely than men in the representative sample to meet a new partner at the site with 61% of male IDUs reporting doing so. However, in 2003, the proportion of male IDUs who met a new partner at the site decreased to 33%, similar to the proportion of men in the representative sample who had. When male IDUs met their last new partner at the site ranged from within the past twenty four hours to over a year ago. Over 60% of female IDUs reported meeting a new partner at the site, a proportion higher than in the representative sample.

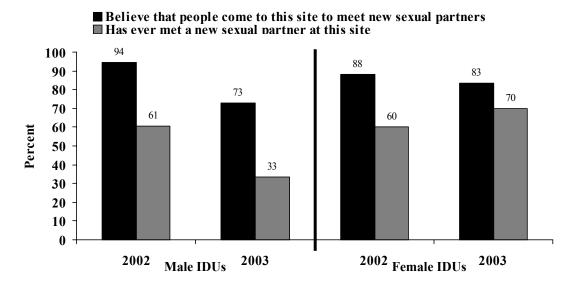


Figure 66. Partner selection reported by IDUs socializing at the sites.

Condom use with the last new partner among male IDUs with the last new partner from the site decreased substantially from 85% in 2002 to 47% in 2003. In 2002, 55% of male IDUs and 67% in 2003 reported using a condom with their last new partner met at the site.

IDUs: Number of Sexual Partners

The proportion of male IDUs who had at least one sexual partner in the past four weeks decreased from 91% in 2002 to 76% in 2003 (Figure 67). Among those with at least one partner in the past four weeks, the proportion of male IDUs with at least one new partner decreased slightly from 58% in 2002 to 47% in 2003. Over 95% of male IDUs have at least one partner in the past 12 months. Of these, 93% in 2002 and 81% in 2003 had at least one new partner during this time period, a higher proportion than men in the representative sample who had a new partner.

■ At least one partner during past 4 weeks ■ At least one new partner during the past 4 weeks 100 90 76 80 70 60 53 Percent 50 36 40 30 20 10 0 2002 2003

Figure 67. Proportion of male IDUs with at least one sexual partner in past four weeks.

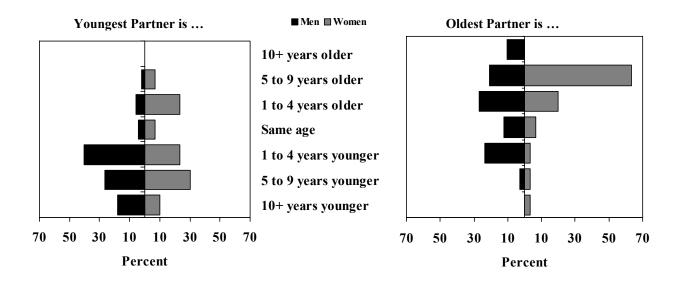
IDUs: Regular Sexual Partnerships

Three quarters of male IDUs in 2002 and 69% in 2003 had a regular, long-term sexual partner than men, similar to the proportion of men in the representative sample who had such a partner.

IDUs: Age Difference among Partners

In 2003, individuals were asked the age of the youngest and oldest person that they had had sex with in the past 12 months (Figure 68). Among male IDUs, the average age for the youngest partner was 5.1 years younger and the average age of the oldest partner was 3.2 years older. Among female IDUs, the average age for the youngest partner was 2.7 years younger and the average age for the oldest partners was 14.0 years older.

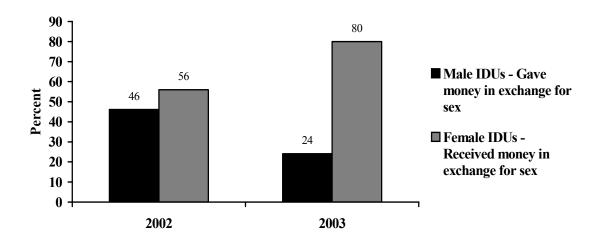
Figure 68. Age difference between respondent and youngest/oldest partner in past 12 months.



IDUs: Transactional sex

The proportion of male IDUs who gave money in exchange for sex during the past three months decreased from 46% in 2002 to 24% in 2003. Although there were few female IDUs interviewed, the proportion that reported having received money in exchange for sex during the past three months was substantially greater than women in the representative sample and increased from 56% in 2002 to 80% in 2003 (Figure 69).

Figure 69. Transactional sex among IDUs.



IDUs: Gay Sex

Male IDUs were slightly more likely than men in the representative sample to have had sex with another man in the past four weeks. Approximately 2% of male IDUs reported having sex with a man in the past four weeks compared to less than 1% in the representative sample.

IDUs: Self-Reported Condom Use

Among those with at least one partner in the past four weeks, the proportion of male IDUs who used a condom with their last new partner during this time period decreased from 85% in 2002 to 67% in 2003 (Figure 70). Among those with at least one new partner in the past four weeks, the proportion who reported always using a condom with new partners in 2003 was lower than the proportion who had used a condom with the last new partner. Among male IDUs with a new partner in the past four weeks, 43% reported always using condoms with new partners during this time period, 44% reported sometimes using condoms, and 13% never did. Among male IDUs who did not use a condom at last sex with a new partner, the most common reasons given for not using a condom were that they did not like condoms (48%) and/or they did not have condoms at hand (24%). Male IDUs were less likely to have used a condom at last sex with a regular partner. The proportion of male IDUs who used a condom at last sex with a regular partner decreased from 43% in 2002 to 15% in 2003.

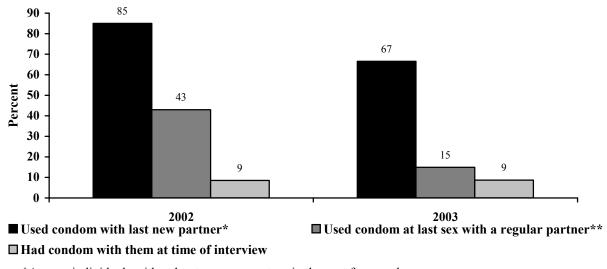


Figure 70. Condom use by male IDUs.

IDUs: Perceived Condom Effectiveness

Among those who use condoms and had a partner in the past 12 months, 22% of male IDUs reported that they had had a condom break during this period. Over a third of male IDUs reported that condoms were very effective in preventing STIs including HIV. Only 4% thought that they were not effective at all. On average, male IDUs thought that 197 sums was a reasonable price for a condom, an average price that was less than what men in the representative sample thought as a reasonable price.

^{*}Among individuals with at least one new partner in the past four weeks

^{**} Among individuals with a regular partner

IDUs: Condom Availability

Approximately 9% of male IDUs had a condom with them at time of interview. No brand of condom was more commonly seen by the interviewers than any others. The locations where male IDUs obtained their last condom changed between 2002 and 2003. In 2002, grocery stores and pharmacies were the most frequently named places by male IDUs as the locations where they obtained their last condom. In 2003, kiosk and their partners were the most frequently named places. Among those who had ever used a condom, many different brands were named as the last one used. However, approximately 45% of male IDUs could not remember or did not know the last brand of condom used.

IDUs: Exposure to HIV/AIDS Education

In 2002, 14% of male IDUs had attended an AIDS education session in the past 12 months and 82% had seen a condom commercial in the past 12 months. In 2003, individuals socializing at the sites were asked if they had heard or seen any information about HIV/AIDS in the past 12 months and over three quarters of IDUs responded in the affirmative, a similar proportion to that in the representative sample. Television was the most frequently reported source from which this information was received with 63% of male IDUs having done so. Other commonly reported sources included doctors and healthcare workers, friends and relatives, and newspapers, magazines, leaflets, and posters.

IDUs: Opinion about HIV/AIDS as a Problem in Tashkent

In 2003, respondents were asked whether they perceived HIV/AIDS as a problem in Tashkent. Male IDUs responded similarly to men in the representative sample. The majority of male IDUs (58%) thought that HIV/AIDS was a serious problem in Tashkent and only 5% thought that it was not a problem at all in the city (Figure 71).

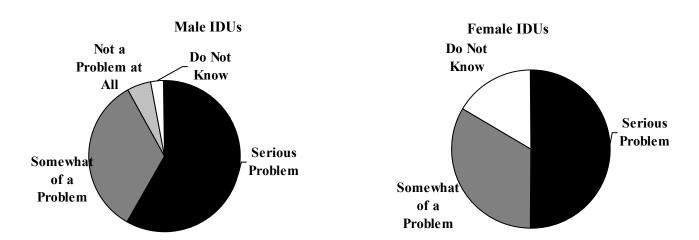


Figure 71. IDUs opinion of HIV/AIDS as a problem in Tashkent.

IDUs: Knowledge of HIV/AIDS

Male IDUs had a similar level of knowledge about how HIV/AIDS is transmitted compared to men in the representative sample. Male IDUs answered 4.7 of 6 questions correctly in 2002 and 5.2 questions correctly in 2003, slightly higher average number of questions answered correctly compared to men in the representative sample. On average, male IDUs also named a similar number of ways to avoid or reduce the risk of getting HIV as men in the representative sample. However, male IDUs were substantially more likely than men in the representative sample to name avoid sharing needles as a way to avoid or reduce the risk of getting HIV. Approximately 80% of male IDUs named avoiding needle sharing as a way to avoid or reduce the risk of getting HIV. In 2002 83% of male IDUs stated that a person who looks health can be infected with HIV and in 2003 73% of male IDUs responded as such.

IDUs: Perception of Personal Risk for HIV Infection

In 2003, respondents were asked their opinion of their personal risk of contracting the HIV/AIDS virus (Figure 72). IDUs were more likely than individuals in the representative sample to think that they are very or somewhat likely to contract the HIV/AIDS virus. Approximately 41% of male IDUs thought that they were very or somewhat likely of contracting the HIV virus compared to 23% of men in the representative sample. Only 18% of male IDUs thought that they were at no risk at all for contracting the virus compared to 37% of men in the representative sample.

Male IDUs Female IDUs Do Not Very Know Likely Do Not Know No Risk Verv Likely omewhat No Risk Likely Somewhat Not Very Not Very Likely Likely Likely

Figure 72. Perception of likelihood of contracting the HIV/AIDS virus.

IDUs: HIV Testing

As in the representative sample, the proportion of male IDUs who had been tested for HIV in the past 12 months decreased from 56% in 2002 to 38% in 2003. However, male IDUs were still more likely than men in the representative sample to have been tested for HIV in the past 12 months. Among those tested, the proportion of male IDUs who were tested voluntarily decreased from 83% 2002 to 49% in 2003. Testing for the remaining was obligatory.

Among those who were tested for HIV in 2003, half of male IDUs reported that they received counselling about the ways of transmission and other HIV/AIDS related information.

Three quarters of male IDUs in 2003 reported that they would be interested in getting an HIV test voluntarily, a substantially higher proportion than in the representative sample of men. In 2003, respondents were also asked where in Tashkent a person could receive an HIV test. Approximately two thirds of male IDUs named a clinic or as a location where an HIV test could be obtained. Only 10% of male IDUs did not know where an HIV test could be obtained.

IDUs: Opinion about Injection Drug Use in the Unit of the City Where Interview Occurred

Male IDUs were substantially more likely to report that injection drug use is very or somewhat common in the unit of the interview compared to men in the representative sample and the proportion. The proportion of male IDUs who reported that drug use was very common increased from 20% in 2002 to 33% in 2003 (Figure 73). Less than 1% of male IDUs reported that injection drug use did not occur in the unit.

IDUs: Opinion whether Injection Drug Users Socialize at the Site

Almost all (>97%) of male IDUs each year thought that male IDUs socialized at the interview site. Less than 55% of men in the representative sample reported so.

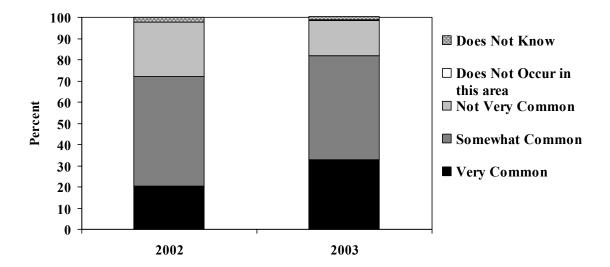


Figure 73. Male IDUs' opinion of injecting drug use in the unit of interview.

IDUs: Self-Reported Injection Drug Use

IDUs were also asked about specific drug use behaviors. While heroin was the most frequently used drug by male IDUs, 7% of male IDUs in 2003 reported raw opium (hanka) as their drug of choice and 28% in 2003 reported using it.

Less than 20% of male IDUs had been injecting for less than one year. Male IDUs in 2002 had been injecting for an average of 3.6 years and in 2003 an average of 3.2 years.

The main social context in which male IDUs injected drugs differed from 2002 to 2003 (Figure 74). In 2002, 56% of male IDUs reported that they usually took drugs individually, 23% injected drugs in different contexts depending on the circumstances, and 19% took drugs always with the same group. In 2003, the proportion who injected drugs individually decreased to 24% and the proportion who reported that they usually took drugs with the same group increased to 47%.

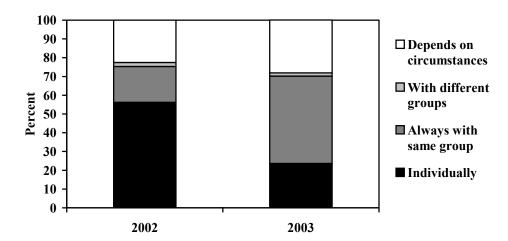


Figure 74. Main ways for male IDUs to take drugs.

The proportion of male IDUs who took drugs from a common reservoir in the past four weeks increased substantially from 39% in 2002 to 68% in 2003 (Figure 75). Just under 40% of male IDUs each year used a ready made drug solution without boiling the past four weeks.

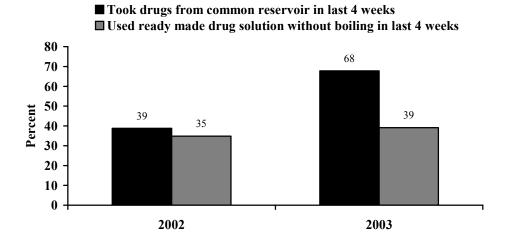


Figure 75. Drug preparation by male IDUs.

Male IDUs in 2003 were also more likely than male IDUs in 2002 to have recently injected drugs. In the previous seven days, 37% of IDUs had injected in 2002 compared to 74% in 2003. The proportion who had injected the day before the interview increased from 22% in 2002 to 40% in 2003. Among those that did inject on the day prior to interview, male IDUs in 2002 injected an average of 1.5 times compared to 1.3 times in 2003.

Needle sharing by male IDUs also varied by year (Figure 76). The proportion of male IDUs who shared a syringe at last injection increased from 14% in 2002 to 39% in 2003 and who shared in the last four weeks increased from 15% to 43%. The average number of people with whom male IDUs shared a needle in the past four weeks increased from 1.0 people in 2002 to 1.6 people in 2003.

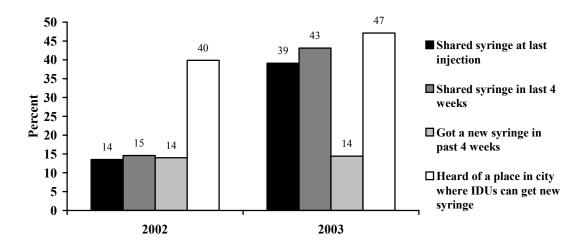


Figure 76. Needle sharing and use by male IDUs.

IDUs: Where to Obtain New Syringes

Approximately 14% of male IDUs each year obtained a new syringe in the last four weeks. Pharmacies were the most frequently named sites by male IDUs as the place where they obtained their last syringe (Figure 77). However, in 2003, friends were another common source for obtaining the last syringe. Approximately 40% of male IDUs in 2002 and 47% in 2003 had heard of a place where IDUs can get a new syringe.

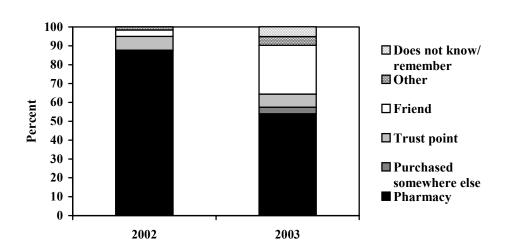
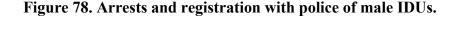


Figure 77. Locations where male IDUs obtained their last syringe.

The proportion of male IDUs who responded that they could always get a new syringe whenever they wanted increased from 92% in 2002 to 59% in 2003. However, less than 1% of male IDUs responded that they could never get a new syringe whenever they wanted. In 2002, no money was the most frequently given reasons for not being able to obtain a new syringe when wanted. In 2003, the most common reasons were no money and the kiosk or drug store was too far away.

IDUs: Arrests and Registration

The proportion of male IDUs who reported ever being arrested for injecting drugs decreased from 53% in 2002 to 40% in 2003 (Figure 78). Among those arrested, 25% in 2002 and 30% in 2003 thought that they had been registered by the police as an IDU. Roughly a third of male IDUs had met with a narcologist or visited a narcologist dispensary (Figure 79). Of those who had met with a narcologist, 44% of male IDUs each year thought that they had been registered as an IDU with the narcologist.



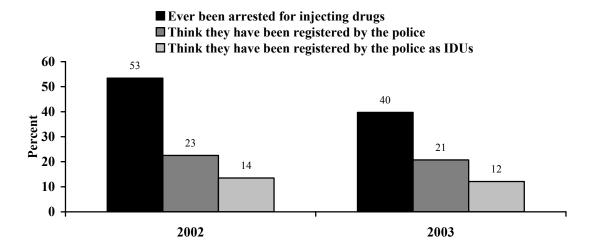
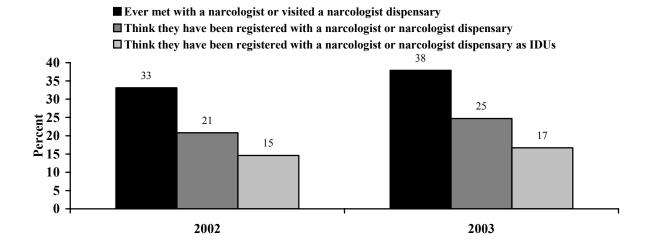


Figure 79. Male IDUs contact with narcologists and narcologist dispensaries.



IDUs: Contact with Treatment Facilities

In 2002, male IDUs had similar contact with treatment facilities as men in the representative sample with a couple of exceptions. Male IDUs were more likely to have visited a trust point and to have talked with an outreach or social worker about injection drug use and slightly more likely to have visited a private narcological doctor. However, these activities were still uncommon with only 20% of male IDUs having ever visited a trust point or talked with an outreach or social worker about injection drug use and 10% visiting a private narcological doctor.

IDUs: Knowledge of STI Symptoms

IDUs had similar knowledge of STI signs and symptoms as individuals in the representative sample. In 2003, 98% of male IDUs reported that they had heard of diseases or infections that could be transmitted through sexual intercourse. When asked to name signs or symptoms that indicate that someone has a sexually transmitted disease or infection, the most commonly named signs and symptoms by male IDUs were discharge from penis (56%), burning pain on urination (32%), itching in genital area (27%), and genital ulcers or open sores (26%). Only 4% of male IDUs did not know any signs or symptoms that indicate that someone has a sexually transmitted disease or infection.

IDUs: Self-Reported STI Symptoms

In 2003, a similar proportion of male IDUs as men in the representative sample reported that they had experienced STI symptoms in the past four weeks. Approximately 4% of male IDUs and 23% of female IDUs reported experiencing STI symptoms in the past four weeks (Figure 80).

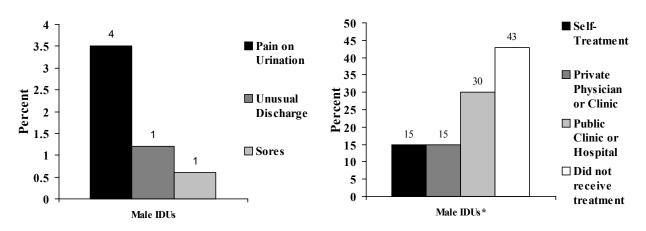


Figure 80. STI symptoms and treatment by male IDUs.

*Among the 4% of male IDUs with any symptoms in past 4 weeks.

The most commonly reported symptom among male IDUs was pain on urination (4%). Among those who had symptoms, a public clinic or hospital was the most commonly reported location where treatment was sought by male IDUs (30%). Equal proportions of male IDUs self-treated their symptoms (15%) as sought treatment from a private clinic or physician. Over 40% of male IDUs did not receive any treatment for their symptoms.

Step 5: Summary of Findings for AIDS Prevention Programs Using M&E Indicators

A. Summary of Indicators

See Summary of Indicators from Assessment, page 6.

B. Main Findings and Recommendations

Overall Finding: The potential for a widespread HIV epidemic exists in Tashkent.

<u>Overall Recommendation</u>: HIV interventions are urgently needed in Tashkent to prevent HIV transmission among injecting drug users, sex workers and their partners, and urban youth.

There is limited HIV surveillance in Uzbekistan. Current available data suggest that the overall prevalence of HIV in the country may be quite low, but that some geographic areas have a high incidence of infection. Evidence to date indicates that the HIV epidemic is concentrated among injection drug users (IDUs) in Tashkent but could soon include more widespread heterosexual transmission.

PLACE data collected in 2002 and 2003 also indicate that a major epidemic could occur. While condom use appears high, use with new partners was not consistent and condom availability at sites decreased. Furthermore, over-reporting of condom use is likely to have occurred. Sharing of needles among IDUs increased as did the proportion who took drugs from a common reservoir. IDUs reported comparable rates of new sexual partnerships but condom use with new partners decreased. Furthermore, the rate of new partner acquisition in all populations of interest, including the representative population, is high. Programs need to be implemented now to prevent further spread of the epidemic. Below are recommendations on how to respond to this immediate need for HIV prevention programs.

<u>Finding</u>: Characteristics of sites and of the people who socialize at them did not change substantially between 2002 and 2003.

<u>Recommendation</u>: The PLACE protocol should serve as a monitoring tool for intervention programs.

Two PLACE assessments were conducted in Tashkent, Uzbekistan one year apart. The goal of both assessments was to identify areas within the city and specific sites within these areas where HIV transmission is likely to occur. With a couple of notable exceptions, such as decreased condom availability at sites and increased needled sharing among IDUs, the characteristics of the sites and the people socialize at them remained stable from 2002 to 2003.

In both years, bars, cafés, restaurants, streets, and street corners were frequently named as sites where people meet new sexual partners, commercial sex workers solicit clients, and/or injection drug users

socialize. Only a quarter of sites in 2002 and 12% in 2003 had been in operation for less than two years and most were located within a ten minute walk of a busy road or public transportation stop. Alcohol was consumed at the majority of sites and eating food and music were also common.

Approximately equal proportions of men and women patronized the sites. Men, on average, tended to be slightly older than women. Most patrons were residents of Tashkent and many had lived there all of their lives. Patrons visited the sites frequently with over 60% visiting the site at lease once a week.

As no intervention was introduced at the sites in the year that elapsed between the two assessments, it was observed, as expected, that there was no difference in the characteristics of the sites named or the socio-demographic profile of the people who socialized at them. The similar profiles of the sites and their patrons in 2002 and 2003 suggest that the PLACE method identifies systematically a cross-section of high-risk areas within the city and specifically, sites where transmission is likely to occur.

Key informant interviews are a rapid method for obtaining sensitive data not otherwise available and are especially useful for obtaining data such as a list of sites that can be verified by other sources. By developing a list of sites from many key informants, the bias from any one individual informant is reduced. In addition, self-presentation bias is minimized by not asking about an individual's own sexual or drug-use behavior. Questions posed to key informants are not difficult to answer and key informants are asked for their own opinion. In 2003, 13% of potential key informants declined and interview but the gender distribution or type of key informant for those who were interviewed and those who declined an interview.

A good mix of different types of key informants was interviewed. Key informants from a wide range of occupations and demographic groups were interviewed and this variety is reflected by the number and different types of sites that were reported by the key informants. For example, street and stairwell cleaners in 2002 were productive key informants for identifying sites where syringes could be seen lying of the ground because their job provided them with knowledge about where used syringes are frequently found.

The site verification interviews confirmed that key informants reported verifiable places that were in operation and that risky behaviors occurred at these sites. Refusal rates by site representatives were low with the proportion of representatives declining an interview decreasing from 14% in 2002 to 3% in 2003. Site representatives at bars, restaurants, cafés, and nightclubs were most likely to refuse an interview. Effort was taken to reassure participants that the information they provided would not be given to city authorities. Site representatives do not appear to have been reluctant to report behaviors considered socially unacceptable or illegal, such as on-site sex work, injection drug use, alcohol served without a liquor license, or youth coming to the site. There were no refusals specifically for these questions and the extent to which these activities were reported is quite high. Two thirds of site representatives reported alcohol consumption at their site although only a third of sites were bars, restaurants, nightclubs, or other venues where alcohol is traditionally served. Sex work was reported at almost 30% of sites.

Face-to-face interviews have been associated with underreporting of risky sexual behavior (4). The direction and extent of bias in the data obtained from individuals socializing at sites is difficult to assess. Self-presentation bias in self-reported sexual behavior data is likely to vary by age, gender, and behavior pattern and is probably impossible to untangle. Efforts to minimize self-presentation bias included requesting verbal, anonymous informed consent, assuring confidentiality, and designing

simple, close-ended questionnaires. In 2003, only 3% of men and 6% of women socializing at sites approached for an interview declined. However, almost two thirds of those who refused were thought to be either an IDU or a CSW or both.

Both key informants and site representatives were asked whether the named site was a place where people meet new sexual partners, where IDUs socialize, where syringes can be found lying on the ground, and where commercial sex workers solicit clients. Comparing these responses is useful. Site representatives at 51% of sites in 2002 and 60% of sites in 2003 identified by key informants as sites where people meet new sexual partners confirmed that people did in fact meet new partners at the site. However, key informants and site representatives did not agree as closely when identifying sites where IDUs could be found or CSWs solicited clients. Site representatives were much less likely than key informants to report that these activities occurred at their site. Each year, only one third of site representatives at sites identified by key informants as places where IDUs could be found agreed that IDUs socialized at their site. Similarly, only a quarter of site representatives in 2002 and a third in 2003 at sites identified by key informants as places where CSWs can be found agreed that CSWs solicited clients at their site. This discord could be due to either key informants who over-report or are unfamiliar with activities at the sites they named or a reluctance of the site representative to report that such activities occurs at the site. However, in 2003, representatives at sites identified by key informants where these activities occurred were more likely to report these activities at the site than representatives at sites where these activities were not reported to have occurred. Only a quarter of sites representatives at sites not identified by key informants as places where IDUs could be found and 11% of site representatives at site not identified by key informants as places where CSWs solicited clients reported that these activities occurred at the site.

The activities that occur at the site as reported by key informants and site representatives were also compared with those reported by individuals socializing at the sites. At over 80% of sites in 2002 and all sites in 2003 where individual interviews where performed, at least one person reported meeting a new partner at the site regardless of whether key informants or the site representative identified the site as a place of where people meet new sexual partners. Sites identified by key informants and site representatives as places where people meet new sexual partners had a higher mean number of people who met a partner at the site than sites not identified as places where people meet new partners. In 2002, at least one individual who reported injecting drugs was interviewed at only 27% of sites identified by key informants and 32% of sites identified by site representatives as places where IDUs socialize. However, in 2003, at 79% of sites identified by key informants and 86% identified by site representatives as places where IDUs socialize, at least one IDU was interviewed at the site. Furthermore, sites identified as places where IDUs socialized had a slightly higher mean number of IDUs included in the representative sample of socializing patrons compared to sites where IDUs were not reported to socialize. Sites that were named by 15 or more key informants were oversampled. The behaviors of individuals interviewed at sites named by 15 or more key informants did not differ significantly from the random sample of sites.

Plans are currently being developed to incorporate site-based interventions into the current prevention strategy in Tashkent. The PLACE protocol provides a powerful tool for monitoring the behavior of high-risk individuals over time.

Finding: The PLACE method successfully identified sites where IDUs socialized.

<u>Recommendation</u>: The PLACE method can identify access points to reach this population for intervention programs.

The PLACE method was originally developed to identify places where new sexual partnerships are formed. Epidemiologic models suggest that HIV prevalence in a population is the consequence of the pattern of contacts of the entire population rather than of certain individuals (5). A site-based perspective can offer insights into sexual mixing. Traditional methods for defining sexual networks do not identify the sexual links between individuals that occur at social mixing sites. Methods that require individuals to name sexual partners are vulnerable to bias, since individuals with many sexual partners may be unable or unwilling to name their sexual contacts (6, 7) and are more willing to identify low-risk than high-risk contacts (8, 9).

Because of the importance of injection drug use in the HIV epidemic in Central Asia, the PLACE protocol was adapted to also identify places where injecting drug users can be reached for intervention. The pattern of needle sharing partnerships in a community also shapes its HIV epidemic. Because injection drug use is illegal, IDUs often inject in private, making locations where the actual drug use occurs hard to access for prevention programs. Over three quarters of male IDUs visited the site at which they were interviewed at least once a week suggesting that the sites identified by this study are excellent places for intervention program. Sites where IDUs socialize, rather than inject, provide an access point for interventions.

<u>Finding</u>: HIV was perceived as a serious problem in Tashkent. Many patrons believe that they are at high risk of contracting the virus.

<u>Recommendation</u>: Voluntary, confidential HIV testing and counseling should be readily available.

Almost 60% of respondents in 2003 believed that HIV/AIDS was a serious problem in Tashkent. Less than 5% did not think that it was a problem. Over 20% of men and women in the representative sample thought that they were very or somewhat likely to contract the HIV/AIDS virus. Youth had a similar perception of their risk. Over a third of clients, CSWs, and IDUs thought that they were very or somewhat likely of contracting the virus.

CSWs and IDUs were also more likely to be interested in getting a voluntary HIV test. Half of men and women in the representative sample were interested in a voluntary HIV test compared to over two thirds of CSWs and three quarters IDUs who were interested in such a test. Education and awareness programs should contain information about where a voluntary, confidential HIV test can be obtained.

<u>Finding</u>: Condom availability at sites decreased from 2002 to 2003. Condom use remained high but was inconsistent with new partners.

<u>Recommendation</u>: Condoms should be available at sites where people meet new sexual partners. Current programs promoting condom use need to be maintained and strengthened.

The proportion of sites where condoms were always available during the past 12 months increased from 36% in 2002 to 15% in 2003. Similarly, the proportion of interviewers who saw condoms at the site on the day of the interview increased from 22% in 2002 to 9% in 2003. Reported condom use with new partners remained high among all sub-populations in 2002 and 2003. Among patrons with at least one new partner in the past four weeks, almost 70% of men and 80% of women reported using a condom with the last new partner in the past four weeks. However, only half of men and 63% of women reported always using a condom with new partners in the past four weeks suggesting that condom use with new partners was not consistent. Programs promoting condom use, especially those promoting consistent use with new partners, need to be maintained to ensure that condom awareness and use continues to remain high.

<u>Finding</u>: There was a high degree of overlap among high-risk populations socializing at sites identified by this assessment.

<u>Recommendation</u>: HIV intervention activities should be implemented at sites where people at high risk of infection socialize, and in particular at sites where these high-risk groups overlap.

Overlap between high-risk populations socializing at the sites identified by this assessment was frequently reported by site representatives. Overlap sites were defined for this assessment as sites that had at least two of the following activities at the site: people meet new sexual partners at the site, youth (<18 years old) socialize at the site, CSWs solicit clients, and IDUs can be found at the site. The overlap of these key populations at sites provides the opportunity for the transmission of HIV from one high-risk population to another. At 13% of sites verified (58 of the 448 verified sites in 2002 and 56 of the 448 in 2003), site representatives reported that all four of these high-risk groups could be found at their site. Interaction between these populations will help facilitate the spread of HIV in the population as it can potentially be spread via two modes of transmission. Since so many sites were named in each year, sites with overlapping risk populations, particularly sites with all four high risk groups, should be prioritized for site-based interventions.

<u>Finding</u>: Many individuals socializing at the sites engaged in more than one risky behavior creating the potential for HIV to spread through several modes of transmission.

Recommendation: Multiple prevention messages are needed at the sites.

In addition to high-risk populations socializing at the same sites, many individuals reported engaging in two or more high-risk behaviors. A third of clients of CSWs had ever injected drugs and many of these individuals were current injection drug users. Over half of male IDUs in 2002 and 36% in 2003 had at least one new partner in the past four weeks. These individuals are at increased risk of infection because they have the potential to become infected with HIV through sharing syringes and unprotected

sex. Over 70% of men who gave money in exchange for sex during the past three months also had a regular, long-term sexual partner.

Injection drug use is a major force behind the transmission of HIV in Uzbekistan (1, 3). HIV spread consists of "intersecting epidemics" among drug using and non-drug using populations involving transmission associated with drug use and risky sexual behavior (10). Approximately 3% of men and 14% of women in the full sample in 2003 had experienced symptoms of a sexually transmitted infection in the past four weeks. The proportion of CSWs who had experienced symptoms was even higher. Many of these individuals with symptoms did not receive proper treatment with self-treatment is the most frequently reported treatment sought. STIs enhance the transmissibility of HIV. Determining the extent of overlap and mixing between high-risk populations is important in predicting the course of the epidemic and in developing future prevention and control strategies. Since many individuals socializing at study sites engage in more than one risky behavior, site-based prevention efforts should contain multiple messages aimed at preventing the spread via different routes.

<u>Finding</u>: A high proportion of the population is exposed to HIV/AIDS prevention messages but these prevention messages and condoms are not reaching the populations where their impact could potentially be the largest. Sites are stable places for intervention programs.

<u>Recommendation</u>: Site-based educational and informational sessions should be introduced at sites.

In 2002, only 20% of patrons reported attending an AIDS education session in the past 12 months. However, in 2003, when asked if they had heard or seen any information about HIV/AIDS in the past 12 months, almost 80% responded in the affirmative. Television was the most commonly reported medium by which these messages were received, but high proportions of patrons also reported print media, including newspapers, magazines, and posters, and friends and relatives as sources of information about HIV/AIDS. Despite this high level of exposure to information about HIV/AIDS and a high level of knowledge about modes of transmission, patrons were still uncertain about ways to prevent transmission. Knowledge about sexual intercourse without a condom and injecting drugs with a shared syringe as modes of HIV transmission was high in all sub-populations but when asked to name ways to reduce or prevent the transmission of HIV, a lower proportion of individuals identified using condoms or avoiding needle sharing.

HIV/AIDS prevention messages and condoms are not reaching the places where their potential impact could be the largest. Less than 10% of sites had ever had an HIV/AIDS prevention activity at the site and condom availability at sites decreased from only 36% of sites that had condoms always available during the past year to less than 15%. Just a handful of sites had an HIV/AIDS prevention poster displayed or HIV/AIDS prevention brochures available. The amount of HIV/AIDS prevention material available at these high-risk sites is inadequate as risky sexual and drug use behavior among socializing patrons is high.

Introduction of site-based interventions can fill this unmet need for prevention activities that was detected at these sites. The majority of sites have been in operation for over two years indicating that the sites identified by this assessment are stable locations in which to introduce HIV/AIDS prevention programs. Of those site representatives who replied that IDUs could be found at their site, over 80% responded that the site had been a place where drug injectors could be found for at least one year prior

to the interview and often longer. Over 60% of CSWs had first visited the site over a year ago and most CSWs only went to one or two sites to solicit clients. Similarly, over 60% of site patrons in the representative sample first visited the site where they were interviewed over one year ago indicating that these sites have well-established, loyal patronage.

The site-based approach enables intervention programs to simultaneously target many different at-risk or vulnerable populations, such as youth, IDUs, and CSWs and their clients. General education programs for youth have little effect on HIV or STI incidence so targeted intervention programs tailored for high-risk youth may be a more cost effective approach (11). Sites remain stable and can be used as intervention points even though the population moving through the sites is dynamic. Many people visit sites and put themselves at risk of becoming infected with HIV or infecting others. HIV/AIDS education sessions at sites are rare. Some of the sites identified by this study would be ideal locations for educational efforts. Sites offer stable intervention points to reach dynamic populations. Furthermore, intervention groups who focus on different populations such as youth, commercial sex workers, or IDUs should be enlisted to make sure that these vulnerable and often hard to reach populations are included in intervention programs.

Previous studies have demonstrated that decreasing the length of time between prevention efforts and situations where that knowledge is translated into action results in a decrease in risky behavior (12, 13). Site-based interventions have the advantage of reaching individuals at a critical time in condom use negotiations (12). Additionally, site-based interventions are useful in reaching IDUs, a somewhat isolated population that is often hard to reach at the locations where drug injection actually occurs. Since IDUs frequently inject in private locations, introducing an intervention at sites where IDUs socialize, rather than where they inject, provides a point of access to this population. Finally, a site-based intervention is an attractive prevention approach because sites offer an informal support network. Daily and weekly attendance at sites by many patrons is likely to familiarize site managers with patrons well enough to provide a mechanism for education and social support that can be utilized by prevention programs to decrease both sexual and injection transmission of HIV (12).

<u>Finding</u>: Commercial sex work increased from 2002 to 2003. Clients of commercial sex workers are accessible at sites.

<u>Recommendation</u>: HIV prevention programs for commercial sex workers and clients should occur at sites.

Approximately 90% of key informants reported that CSWs solicit clients in the interview unit. Key informants were able to name specific sites where commercial sex work occurred with 70% of site reports for places where commercial sex occurs. Site representatives substantiated the key informant reports that commercial sex work occurs in the units with almost 30% of site representatives reporting that CSWs solicit customers at their site. Both CSWs and clients socialized at sites identified by this study. Approximately one quarter of men reported giving money in exchange for sex during the past three months, making the sites in this study reasonable locations to access this hard to define and identify population. The proportion of women who reported receiving money in exchange for sex during the past three months increased from 22% in 2002 and 44% in 2003. However, the increase in commercial sex work might be partially explained by an oversampling of sex workers in 2003.

<u>Finding</u>: Perception of drug use within the units is mixed. High risk behaviors by IDUs, including needle sharing and taking drugs from a common reservoir, increased between 2002 and 2003.

<u>Recommendation</u>: Programs focused on reducing high-risk injection drug use behaviors need to be strengthened.

Key informants, site representatives, and socializing individuals were asked about their perception of injection drug use in the area. Key informants thought that injection drug use decreased in the area from 2002 to 2003. The proportion who thought that injection drug use occurred in the area decreased substantially from 95% in 2002 to 43% in 2003 and the proportion of site reports for places where injection drug user social also decreased from 45% in 2002 to 28% in 2003. Site representatives did not change their perception of injection drug use in the area. Each year approximately 30% of site representatives thought that injection drug use was very or somewhat common in the area and 30% reported that their site was a place where IDUs could be found. The proportion of men socializing at sites who thought that IDUs could be found at the site increased substantially from 28% in 2002 to 54% in 2003 and the proportion who had ever injected drugs similarly increased from 5% in 2002 to 32% in 2003. However, this increase in use is likely due to the oversample of IDUs that were included in the full sample in 2003. The proportion of women who thought that IDUs could be found at the site did not change although the proportion who had ever injected drugs increased slightly from 2% to 8%.

The target of 200 interviews with IDUs was achieved both years although oversampling was required each year. Injection drug use was more common among men than women. However, the discrepancy between the high levels of key informants who reported that injection drug use occurred in the area, especially in 2002, and the need to oversample IDUs suggests that some IDUs are still missed by this method. Individuals could be reluctant to report personal injection drug use despite reassurances that the information they provide would remain confidential. Alternatively, if a substantial proportion of the IDUs were less than 18 years old, they would not have been included in this assessment because they did not meet the age of eligibility for interview. Furthermore, while drug use was perceived as common in the area, key informants may be less sure about specific sites where IDUs socialize.

High risk behaviors among IDUs increased from 2002 to 2003. Among male IDUs who had injected drugs within the past six months, the proportion who had shared a syringe at last injection, who shared a syringe in the past four weeks, and who took drugs from a common reservoir in the past four weeks, all decreased substantially between 2002 and 2003. Similarly, the main social context in which male IDUs in Tashkent took drugs changed from always taking drugs individually to always taking drugs with the same group. Furthermore, the proportion of IDUs who reported that they could get a new syringe whenever they wanted decreased from 92% in 2002 to 59% in 2003. The most common reasons for not being able to get a new syringe whenever wanted were no money and the kiosk or drug store was too far away. Programs focused on reducing high-risk injection drug use behaviors need to be strengthened.

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Appendix 1 – Additional Tables

Table A1 Characteristics of Key Informan	ts – Tashkent	
Ondracteristics of Key Informati	2002	2003
Field Work		•
Days of key informant interviewing	9	12
Number of interviewers	19	13
Number of key informant interviews completed	1206	1000
Number of refused interviews		155
Number of Key informant reports	5866	3630
Number of sites reported	1157	684
Number of new sites reported during follow-up		
Number of sites reported during baseline and follow-up		
Number of sites reported at baseline and not follow-up		
Type of Key Informant	<u>.</u>	
Male	63.0	59.3
Female	37.0	40.7
Age of Key Informant		•
18—19	9.5	7.8
20—24	22.1	29.9
25—29	18.8	19.9
30—34	14.2	14.6
35—39	11.3	10.6
40+	24.1	17.2
Drug Use and Sex Work	<u>.</u>	
Believe drug use occurs in unit	95.0	43.3
Has seen syringes in last 4 weeks	39.0	24.7
Reports SWs solicit customers in unit	91.0	89.0
Site Reports	<u>.</u>	
Number of site reports in unit	1768	
Number of site reports outside unit	4098	
Number of site reports within 10 minute walk	1752	1032
Number of site reports further than a 10 minute walk	4114	2598
% of site reports where people meet new sexual partners	79.0	87.4
% of site reports where IDUs can be found	45.0	28.5
% of site reports where syringes can be found	37.0	21.0
% of site reports where CSWs solicit customers	75.0	67.8

Table B1 Characteristics of Sites - Tashkent						
	2002 (N=448)	2003 (N=448)				
Type of Site						
Bar/Café/Restaurant	31.3	25.2				
Night Club/Disco	6.5	6.3				
Casino	0.0	0.2				
Gay Club	0.0	0.7				
Hotel	2.2	1.1				
Sauna	0.2	0.7				
Billiards	2.2	0.0				
Game Club	0.7	0.5				
Computer Club	0.5	0.2				
Dormitory	1.6	0.7				
Private Apartment/Flat	2.0	0.5				
Basement/Roof	0.2	0.0				
Stairwells	2.0	0.9				
Unused/Abandoned Building	0.0	0.0				
School	3.6	0.5				
College/Professional School	0.2	0.2				
University Campus/Tutorial Institute	0.5	0.2				
Railway Station	0.5	0.2				
Long Distance Bus Station	1.1	0.0				
Airport	0.2	0.2				
Truck Stop/Stand	0.5	0.2				
Taxi Stand	0.5	1.3				
Street	23.7	32.6				
Street Tunnel	0.7	0.2				
Market	4.2	4.2				
Park	7.4	8.0				
Other	7.8	15.2				
Total	100.0	100.0				
Number of Times Site Named by Key Informants						
0 Times	0.0	0.0				
1 Time	28.4	45.3				
2 Times	15.4	20.3				
3-5 Times	27.9	17.0				
6-10 Times	13.6	8.7				
>10 Times	13.6	8.7				
Missing	1.1	0.0				
Total	100.0	100.0				
Years site has been in operation						
Less than one year	8.7	3.4				
1 to 2 years	17.4	8.3				
3 to 5 years	27.2	19.4				
6 to 10 years	14.1	9.6				
More than 10 years	21.4	19.9				
Not applicable	11.2	39.5				
Total	100.0	100.0				
Is the site within a ten minute walk of						
A Busy Road		92.2				
A Public Transportation Stop		90.0				
A Trucking Route		12.5				
71 Trucking Noute	<u> </u>	12.0				

Table B1 Characteristics of Sites - Tashkent								
	2002 (N=448)	2003 (N=448)						
Busy times at site								
Mondays	90.4	96.7						
Tuesdays	92.0	98.9						
Wednesdays	91.5	98.7						
Thursdays	92.2	98.7						
Fridays	94.9	98.9						
Saturdays	96.2	99.1						
Sundays	90.2	96.0						
Winter	56.0	46.9						
Spring	81.7	76.6						
Summer	77.5	82.6						
Autumn	87.3	78.6						
Holidays	73.9	62.7						
Other	10.5							

Table B2 Demographics of Site Representatives - Tashkent							
	2002 (N=448)	2003 (N=448)					
Gender of respondent							
Male	53.4	57.4					
Female	46.7	42.6					
Total	100.0	100.0					
Age of respondent	·						
18-19	7.8	10.0					
20-24	20.1	23.0					
25-29	18.8	19.6					
30-34	13.6	13.17					
35-39	12.3	13.0					
40-44	8.7	9.4					
45-49	8.1	6.5					
50+	10.7	5.4					
Total	100.0	100.0					

Table B3 Size of Site - Tashkent								
	2	002 =448)		003 448)				
	Men	Women	(14-	440)				
Maximum number of needle who com								
Maximum number of people who com	10.3	17.5						
			-	-				
11-20 21-50	23.9 24.6	22.1 26.0	-	-				
51-100	24.6	26.0 15.3	-	-				
101-300	9.3	7.7	-	- -				
301-500	3.6	3.9	·					
501-1000	6.6	7.3		-				
Missing	0.0	0.2		_				
Total	100.0	100.0		_				
Number of people who come to the si								
<=10			1	.6				
11-25				.0).0				
26-50				1.7				
51-100).1				
101-150				.9				
151-200				.2				
201-250				.1				
251-300				.6				
301-350			2.2					
351-400			3.4					
401-450			1.8					
451-500			2.5					
>500			8.0					
Total			100.0					
	Men	Women	Men	Women				
Number of men and women socializin	g at site during	g most recent bu	sy time					
<=10			10.5	15.9				
11-25			21.2	25.9				
26-50			25.0	21.9				
51-100			20.1	16.3				
101-150			8.5	7.1				
151-200			7.6	5.4				
201-250			2.9	2.9				
251-300			1.8	2.5				
301-350			0.0	0.5				
351-400			0.5	0.5				
401-450			0.7	0.2				
451-500			0.9	0.7				
Missing			0.5	0.5				
Total	L		100.0	100.0				
Number socializing upon interviewer	t		44.5	4.5				
0	8.4	11.2	11.8	14.5				
1-4	40.6	43.7	26.6	31.0				
5-9	23.7	22.6	19.9	17.9				
10-19	17.5	12.1	15.0	10.0				
20-49	6.4	7.5	15.4	14.5				
50+	3.4	3.0	11.4	11.4				
Missing	0.0	0.0	0.0	0.7				
Total	100.0	100.0	100	100.0				

Table B4 Onsite Activities - Tashkent						
	2002 (N=448)	2003 (N=448)				
Activities onsite						
Beer consumed	67.6	64.3				
Hard alcohol consumed	57.8	50.2				
TV or Video viewing	15.4	10.9				
Dancing	27.2	22.3				
Music	58.9	44.4				
Computer Games	11.8	7.4				
Eating food	75.7	52.9				
Striptease Show	1.6	2.2				
Men meet new female sexual partners here	46.9	53.4				
Women meet new sexual partners here	43.3	48.2				
Men meet male (gay) sexual partners	3.1	6.3				
Someone onsite facilitates partnerships	6.0	10.5				
Staff meet new sexaul partners here		17.4				
Female sex workers solicit customers here	27.7	29.5				
How long female sex workers have solicited customers at site	•					
Less than one year	2.2	1.1				
1 to 2 years	8.3	5.6				
3 to 5 years	8.3	15.0				
6 to 10 years	3.6	2.9				
More than 10 years	2.5	1.1				
Do not know	2.9	3.8				
Not applicable	72.3	70.5				
Total	100.0	100.0				

Table B5 Overlap of High-Risk Populations Socializing at Sites - Tashkent								
	2002 (N=448)	2003 (N=448)						
People meet new sexual partners and at least some youth (age <18) at site	48.4	42.9						
People meet new sexual partners and commercial sex workers solicit clients	26.3	26.6						
People meet new sexual parnters and IDUs socialize	20.1	20.1						
At least some youth (age <18) at site and commercial sex workers solicit clients	27.2	23.9						
At least some youth (age <18) at site and IDUs socialize	30.6	26.1						
Commercial sex workers solicit clients and IDUs socialize	13.6	14.5						
People meet new sexual partners, at least some youth (age <18) at site, commercial sexwoker solicit clients, and IDUs socialize	13.0	12.5						

Table B6 Characteristics of Site Patrons - Tashkent							
Characteris	2002 (N=		Stikent				
	,	Less	11-16	More	Almost		
	None	than Half	Half	than Half	AII/AII		
Percentage of sites with male patrons v	who						
Are Unemployed	54.0	5.4	1.8				
Are Students	26.8	39.5	19.9	9.6	4.2		
Are < Age 18	40.0	40.6	9.4	6.7	3.4		
Live within a 10 minute walk of site	14.3	36.2	23.4	15.6	10.5		
Residents of this unit	12.3	41.3	27.7	11.6	7.1		
Come here at least once a week	7.4	27.5	30.4	16.5	18.3		
Drink alcohol at site	35.3	31.3	15.4	10.9	7.1		
Find a new sexual partner while at site	49.1	37.5	8.3	3.6	1.6		
Appear to be injection drug users	70.1	24.6	3.8	1.1	0.5		
Percentage of sites with female patrons	s who	'					
Are Unemployed	48.0	25.7	9.8	10.3	6.3		
Are Students	30.1	42.2	16.7	7.4	3.6		
Are < Age 18	36.8	44.0	10.0	6.0	3.1		
Live within a 10 minute walk of site	16.1	33.3	23.9	16.3	10.5		
Residents of this unit	13.4	39.3	26.8	13.0	7.6		
Come here at least once a week	8.3	31.5	26.6	15.4	18.3		
Drink alcohol at site	45.1	34.6	10.5	6.3	3.6		
Find a new sexual partner while at site	51.3	34.6	7.6	4.2	2.2		
Appear to be injection drug users	79.2	17.9	1.3	1.1	0.5		
, , , , , , , , , , , , , , , , , , , ,	2003 (N=	:448)					
	None	Í	Some		Most		
Percentage of sites with male patrons v	who						
Are Unemployed	40.6		48.7		10.7		
Are Students	14.3		75.2		10.5		
Are < Age 18	27.0		64.1		8.9		
Live within a 10 minute walk of site	8.9		39.1		52.0		
Live outside this unit	9.4		63.2		27.5		
Come by car or taxi	10.3		65.0		24.8		
Come by public transporation	11.4		55.6		33.0		
Come here at least once a week	4.7		60.3		35.0		
Drink alcohol at site	34.8		46.9		18.3		
Find a new sexual partner while at site	46.4		50.7		2.9		
Appear to be injection drug users	69.6		29.7		0.7		
Appear to be buying sex (clients)	69.4		29.9		0.7		
Are homosexual	95.5		4.5		0.0		
Percentage of sites with female patrons	s who						
Are Unemployed	39.3		48.9		11.8		
Are Students	14.5		77.9		7.6		
Are < Age 18	29.2		63.6		7.1		
Live within a 10 minute walk of site	11.4		41.1		47.5		
Live outside this unit	10.3		65.6		24.1		
Come by car or taxi	18.1		61.4		20.5		
Come by public transporation	15.4		53.1		31.5		
Come here at least once a week	7.8		61.4		30.8		
Drink alcohol at site	49.8		40.0		10.3		
Find a new sexual partner while at site	52.0		44.6		3.4		
Appear to be injection drug users	88.6		11.2		0.2		
Appear to be selling sex	71.9		26.1		2.0		

Table B7							
Injection Drug Use Around Sites	- Tashkent						
	2002	2003					
	(N=448)	(N=448)					
Number of used syringes observed by interviewer at the sit							
0	94.6	92.9					
1	2.0	2.0					
2	1.8	2.0					
3	0.5	0.9					
4	0.2	1.1					
5+	0.9	1.1					
Total	100.0	100.0					
How common is injection drug use in this unit?							
Very common	7.8	6.7					
Somewhat common	23.0	25.7					
Not very common	44.6	52.0					
Does not occur in this area	24.6	15.6					
Total	100.0	100.0					
Have you seen used syringes lying around inside or outside		ast 3 months?					
Yes	25.0	29.0					
No	75.0	71.0					
Total	100.0	100.0					
Is this a place where drug injectors can be found?							
Yes	30.8	29.7					
No	69.2	70.3					
Total	100.0	100.0					
For how many years has this been a place where drug inject	tors can be found?						
Less than one year	5.4	5.4					
1 to 2 years	8.9	8.3					
3 to 5 years	7.6	13.8					
6 to 10 years	3.6	0.7					
More than 10 years	0.7	0.2					
Do not know	4.7	1.3					
Not applicable	69.2	70.3					
Total	100.0	100.0					

Table B8 HIV Interventions at Site - Tashkent								
The interventions at one - 1	2002 (N=448)	2003 (N=448)						
Have there ever been any AIDS prevention activities at this	place?	, ,						
Yes	7.6	4.5						
No	92.4	95.5						
Total	100.0	100.0						
Type of AIDS prevention activities as site								
Lectures and Suminars		0.7						
Pamphlets and Leaflets		1.1						
Posters		0.5						
Distribution of Syringes		0.5						
Condom Distribution		1.1						
Other		2.2						
In the last 12 months, how often have condoms been available	able here?							
Always	35.9	14.5						
Sometimes	11.6	7.1						
Never	52.5	65.9						
Don't Know		12.5						
Total	100.0	100.0						
Condoms available at site on day of interview								
Yes, but one not seen	15.9	2.2						
Yes, and one was seen	21.9	9.2						
No	62.3	88.6						
Total	100.0	100.0						
Number of different brands of condoms available								
1	1.8	1.8						
2	2.7	2.7						
3	2.2	2.2						
4+	1.1	1.1						
Not Applicable	88.4	90.2						
Missing	3.8	2.0						
Total	100.0	100.0						
Brands of Condoms Seen	1	T						
Favorite		2.9						
Durex		2.9						
Pilotos		0.2						
Two to Tango		0.2						
Innotex		2.2						
Vizit		1.1						
Lifestyle		0.0						
Context		3.1						
Desire Cold Circle		3.6						
Gold Circle		2.7						
Indian / No Brand		2.9						
Other	too of leaving this	3.1						
Is it possible for someone to find a condom within 10 minu								
Yes	56.9	68.1						
No Do not know	20.1	15.9						
Do not know	23.0	16.1						
Total	100.0	100.0						

Table B8		
HIV Interventions at Site - Ta	shkent	
	2002	2003
	(N=448)	(N=448)
Willing to have AIDS educational programs at site*		
Yes	60.0	72.5
No	21.4	27.5
Not Applicable	18.5	
Total	100.0	100.0
Willing to sell condoms at site		
Yes	44.2	36.4
No	31.5	38.2
Not Applicable	24.3	25.5
Total	100.0	100.0
Number of AIDS posters displayed		
0	98.7	98.4
1	1.1	0.2
2	0.0	0.9
3+	0.2	0.4
Total	100.0	100.0
Number of AIDS brochures at site		
0	99.3	99.6
1	0.2	0.0
2+	0.4	0.4
Total	100.0	100.0
Number of condoms visible	•	•
0	39.7	83.9
1-9	59.2	15.9
10-99	1.1	0.2
100+	0.0	0.0
Total	100.0	100.0

^{*}Only persons who have authority to act on behalf of the site were asked this question in 2003 (N=120)

							e C1									
			ograph		acteristi			s Social					1			
			tive San	•		Yo			CSW and Clients					Us		
	Ma		Fem		Ма			ales		Males Females Males		Females				
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=62/	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Age																
18-19	16.7	13.7	25.1	18.7	29.0	29.4	39.9	29.2	14.4	9.6	17.9	13.8	11.2	9.8	16.0	10.0
20-24	37.5	28.1	33.8	40.1	65.4	60.1	53.7	62.7	41.0	25.3	44.9	46.5	25.8	29.9	32.0	46.7
25-29	18.3	22.0	16.1	19.6	5.5	10.6	6.4	8.0	24.7	25.3	23.9	24.0	32.6	31.6	20.0	23.3
30-34	10.0	12.9	10.8	10.3	0.0	0.0	0.0	0.0	10.3	11.5	7.3	7.9	16.3	17.8	28.0	16.7
35-39	6.4	10.5	7.5	5.7	0.0	0.0	0.0	0.0	4.5	12.7	4.7	5.9	10.7	8.1	4.0	3.3
40-44	5.9	7.0	3.3	3.6	0.0	0.0	0.0	0.0	2.6	10.8	1.3	2.0	2.8	2.9	0.0	0.0
45-49	3.2	4.0	1.4	1.0	0.0	0.0	0.0	0.0	1.9	3.6	0.0	0.0	0.6	0.0	0.0	0.0
50+	2.1	1.8	2.0	1.0	0.0	0.0	0.0	0.0	0.6	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current residence																
Tashkent	89.2	93.1	92.9	93.3	91.8	96.6	93.1	93.0	93.3	91.0	92.3	92.5	100.0	97.7	100.0	100.0
Tashkent Oblast	5.4	4.9	4.1	4.1	4.4	2.4	3.8	3.8	2.9	6.0	5.1	4.7	0.0	2.3	0.0	0.0
Other Oblasts of Uzbekistan	3.8	1.6	2.1	1.9	3.2	0.7	2.2	2.4	1.9	2.4	2.1	2.8	0.0	0.0	0.0	0.0
Elsewhere in Central Asia	0.1	0.2	0.0	0.2	0.2	0.3	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Outside of Central Asia	1.4	0.2	0.9	0.5	0.5	0.0	0.9	0.0	1.9	0.6	0.4	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Distance live from place of in	terview															
10 minute walk or less		24.9		25.4		25.6		24.4		27.1		26.8		27.6		26.7
Further than 10 minute walk		75.1		74.6		74.4		75.6		72.9		73.2		72.4		73.3
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Years at residence					I.						I					
< 1 year	3.9	1.8	5.2	4.0	4.5	2.7	6.9	4.3	3.8	1.8	7.7	5.1	1.7	0.0	0.0	3.3
1 year	2.7	1.1	3.3	0.9	2.7	1.0	3.4	0.8	2.6	0.6	4.3	2.0	3.4	0.0	0.0	6.7
2-4 years	4.1	6.2	4.0	10.6	4.5	8.2	3.9	10.7	4.5	6.0	5.6	14.2	1.7	6.3	8.0	10.0
5-10 years	16.0	13.9	15.1	14.9	14.1	10.2	13.3	15.3	14.1	14.5	13.2	15.4	9.6	10.9	12.0	13.3
>10 years	19.6	13.6	19.3	13.7	13.8	4.8	13.8	8.6	18.3	13.9	16.7	8.7	24.7	6.9	20.0	10.0
All of life	53.6	63.2	53.1	55.8	60.4	73.0	58.7	60.3	56.7	63.3	52.6	54.7	59.0	75.9	60.0	56.7
Missing	0.0	0.3	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	.00.0	.00.0	.00.0			.00.0	.00.0	.00.0		.00.0				.00.0	.00.0	.00.0

Table C1																
	Sociodemographic Characteristics of Individuals Socializing at Sites in Tashkent Representative Sample Youth CSW and Clients IDUs															
					Males											-1
	Males		Females				Females		Males		Females		Males			ales
	2002	2003	2002 N=1015	2003	2002	2003 N=293	2002	2003	2002	2003 N=466	2002 N=224	2003 N=254	2002 N=178	2003 N=174	2002 N=25	2003 N=30
Nights slept outside city in pa			N-1015	N-203	N-596	N-293	M-039	N-3/3	N-312	N-100	N-234	N-254	N-170	N-1/4	N-25	N-30
0	42.8	52.8	53.2	47.9	40.6	55.3	48.7	44.5	36.2	37.4	41.9	42.9	61.2	72.4	76.0	60.0
1 4	15.9	15.0	14.2	13.9	17.4	16.7	46.7 15.2	44.5 14.2	20.8	16.3	17.5	42.9 11.8	23.6	10.3	12.0	16.7
5 9	8.6	9.3	8.9	9.3	8.2	7.5	10.3	10.2	9.6	12.1	12.0	10.2	6.2	5.2	8.0	13.3
10 19	13.7	8.9	11.2	17.7	11.4	8.5	12.1	19.8	12.2	13.3	16.7	22.1	5.1	6.3	0.0	10.0
20 +	19.1	14.0	12.5	11.3	22.3	12.0	13.8	11.3	21.2	21.1	12.0	13.0	3.9	5.8	4.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Married or living in union																
Yes	42.3	45.6	36.4	30.7	12.4	17.1	18.6	14.5	30.1	45.8	9.8	12.6	37.1	33.9	24.0	26.7
No	57.7	54.4	63.6	69.3	87.6	82.9	81.4	85.5	69.9	54.2	90.2	87.4	62.9	66.1	76.0	73.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Educational Attainment																
Elementary (up to 7 forms) or	0.2	0.3	0.1	0.3	0.2	0.3	0.0	0.5	0.0	0.6	0.0	0.4	0.0	0.6	0.0	0.0
none																
Incomplete High (8-9 forms)	4.1	3.5	3.8	5.5	3.9	4.1	3.3	7.0	7.4	2.4	8.5	10.6	10.7	9.8	0.0	0.0
Public High	24.1	24.7	32.6	37.1	27.3	31.4	35.7	42.6	30.1	22.3	49.1	46.9	51.7	33.9	76.0	16.7
Special High (Technical,	26.1	33.5	26.4	27.4	23.0	30.4	23.3	25.7	22.8	35.5	28.6	28.0	23.0	39.7	16.0	56.7
Pedagogical, Medical, Etc)	22.4	15.3	20.1	12.9	34.6	26.3	29.3	17.7	21.8	13.9	6.4	6.7	5.6	12.6	0.0	23.3
Incomplete Higher Higher	22.4 23.1	22.7	16.9	16.8	34.0 11.1	20.3 7.5	29.3 8.5	6.4	17.9	25.3	7.3	7.5	9.0	3.5	8.0	23.3 3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employment Status	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Employed fulltime	54.5	53.3	33.7	32.1	38.9	34.5	22.8	22.0	52.2	57.8	12.4	14.2	50.0	18.4	20.0	23.3
Employed occasionally or																
parttime	20.3	23.1	20.3	23.8	23.8	25.3	20.0	23.6	22.8	27.1	36.8	34.7	12.9	46.0	24.0	20.0
Unemployed, looking for work	16.1	12.6	28.2	26.2	24.3	23.2	35.7	33.0	13.1	8.4	22.2	26.4	15.2	15.5	12.0	20.0
Unemployed, not looking for	9.1	11.0	17.8	17.8	12.9	17.1	21.4	21.5	11.9	6.6	28.6	24.8	21.9	20.1	44.0	36.7
work																
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Currently Students													T			
Yes	29.8	21.5	30.3	23.0	50.3	43.0	46.2	35.4	28.2	12.1	11.5	10.6	10.1	11.5	4.0	0.0
No	70.2	78.5	69.7	77.0	49.7	57.0	53.8	64.6	71.8	88.0	88.5	89.4	89.9	88.5	96.0	100.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table C1 Sociodemographic Characteristics of Individuals Socializing at Sites in Tashkent																
Representative Sample						Yo	uth		(CSW and	d Client	s	IDUs			
	Males		Females		Males		Females		Males		Females		Males		Females	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Interviewer opinion if respon	Interviewer opinion if respondent is:															
IDU only	2.2	33.2	0.0	1.2	2.7	32.1	0.0	1.3	27.6	30.1	0.9	0.4	97.8	94.8	52.0	16.7
CSW only	1.2	0.3	27.1	44.9	1.0	0.7	30.2	49.1	1.9	0.6	86.8	79.5	0.0	0.0	8.0	10.0
Both IDU and CSW	0.2	0.3	1.3	5.3	0.0	0.7	0.9	5.1	0.3	0.6	6.8	11.4	0.0	0.6	40.0	73.3
Neither	96.4	66.2	71.6	48.5	96.3	66.6	68.9	44.5	70.2	68.7	5.6	8.7	2.2	4.6	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table C2 Site Visiting Behaviors of Individuals Socializing at Sites in Tashkent																	
	Pon				viors of		<u>uals Soc</u> uth	ializing		<u>in Tash</u> CSW and			IDUs				
	Representative Males		ì	Females		Males		Females		Males		Females		Males		ales	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	
			N=1015		N=596	N=293				N=166				N=174	N=25	N=30	
Frequency of attendance at site																	
First time	9.9	8.1	9.6	7.9	10.1	7.9	8.1	8.6	4.5	3.6	2.6	4.7	1.1	4.0	0.0	0.0	
< 1 time per month	11.2	7.5	11.0	9.3	8.7	5.1	10.0	8.3	6.7	6.6	3.4	3.2	0.6	4.0	0.0	3.3	
1 time per month	7.9	7.5	6.7	5.2	4.7	5.5	6.7	5.1	6.7	7.8	3.4	2.0	6.7	9.2	0.0	3.3	
2-3 times per month	9.8	13.4	8.6	10.0	9.1	14.0	10.0	9.1	13.8	18.1	6.0	6.3	10.1	6.9	8.0	6.7	
One time per week	8.7	15.8	9.9	12.2	7.6	17.8	10.2	12.1	9.6	13.9	14.5	11.4	10.1	16.7	12.0	10.0	
2-3 times per week	14.7	19.6	17.9	24.4	16.4	20.5	19.1	25.5	19.9	24.1	37.2	37.0	25.8	29.3	36.0	43.3	
4-6 times per week	13.0	12.3	14.2	14.2	15.9	10.2	13.1	16.1	13.5	10.2	13.7	20.5	14.6	21.8	28.0	30.0	
Everyday	24.8	15.8	22.2	17.0	27.5	19.1	22.7	15.3	25.3	15.7	19.2	15.0	30.9	8.1	16.0	3.3	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
In past seven days and nigh	In past seven days and nights, number of days came to site?																
1		49.4		42.2		47.4		42.1		47.6		25.6		38.5		20.0	
2		17.7		15.6		19.1		15.3		19.3		23.2		28.2		30.0	
3		8.0		11.5		6.5		12.1		8.4		17.3		12.6		26.7	
4		3.7		5.0		3.4		6.7		3.0		5.9		5.2		6.7	
5		5.6		8.1		5.5		7.2		7.2		13.0		5.2		13.3	
6		4.8		4.3		6.1		4.6		4.2		3.2		5.2		0.0	
7		10.7		13.4		12.0		12.1		10.2		11.8		5.2		3.3	
Missing		0.2		0.0		0.0		0.0		0.0		0.0		0.0		0.0	
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
When visited the site for the																	
First time	9.9	8.8	9.6	8.8	10.1	8.5	8.1	9.4	4.5	3.6	2.6	5.9	1.1	4.0	0.0	0.0	
In past 4 weeks	4.8	3.0	4.7	2.6	5.5	4.4	5.2	3.2	3.2	3.0	3.8	2.4	0.0	0.0	0.0	0.0	
In past 2-6 months	11.5	9.9	14.8	9.3	12.8	11.6	16.6	10.5	10.3	13.9	17.1	10.2	4.5	9.8	0.0	13.3	
In past 7-12 months	9.0	5.4	10.0	9.4	8.6	6.1	10.5	10.7	10.9	9.0	15.8	13.0	4.5	8.6	8.0	6.7	
> 1 year ago	64.8	72.9	60.9	70.0	63.1	69.3	59.6	66.2	71.2	70.5	60.7	68.5	89.9	77.6	92.0	0.08	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
How came to site today					1		1				r		,				
Walked		36.2		33.8		38.6		33.2		39.8		37.0		42.5		46.7	
By Car		34.1		30.4		26.3		31.6		36.8		37.8		21.3		20.0	
By Public Transportation		29.7		35.9		35.2		35.1		23.5		25.2		36.2		33.3	
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	

							le C2									
			e Visitin	_	viors of			ializing					1			
			tive San	•			uth _			CSW and					Us _	
	Mal		Fem		Ma			ales		les		ales		les		nales
	2002 N=1039	2003 N=627	2002 N=4045	2003	2002	2003	2002 N=620	2003	2002 N=343	2003 N=166	2002 N=224	2003 N=254	2002	2003 N=174	2002 N=25	2003 N=30
Why came to site today	N-1039	14-627	N-1015	N-303	N-330	N-293	IN-039	N-3/3	N-312	14-100	N-234	N-254	N-170	11-174	N-25	14-30
To drink alcohol		36.0		29.7		35.2		31.6		50.6		46.9		36.2		46.7
To meet a sexual partner		19.1		36.7		23.2		39.4		38.6		77.2		19.5		60.0
To socialize with friends		79.1		71.2		88.7		78.0		80.7		74.8		90.8		86.7
Do you believe that people of	come he		et new		partners				I		I				I.	
Yes	58.5	75.4	61.8	76.0	62.4	77.5	65.9	79.9	81.1	89.8	93.6	92.9	94.4	73.0	88.0	83.3
No	31.6	24.6	28.7	24.0	27.5	22.5	26.0	20.1	14.4	10.2	3.8	7.1	4.5	27.0	12.0	16.7
Missing	9.9	0.0	9.6	0.0	10.1	0.0	8.1	0.0	4.5	0.0	2.6	0.0	1.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Have you ever met a new se	xual par	tner at	this site	?	•				•		•		•			
Yes	22.1	27.9	25.3	39.5	26.3	31.4	28.5	42.9	50.6	51.8	84.2	82.3	60.7	33.3	60.0	70.0
No	77.9	72.1	74.7	60.6	73.7	68.6	71.5	57.1	49.4	48.2	15.8	17.7	39.3	66.7	40.0	30.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
When did you last attract a i	new sexi	ual part	ner at th	is site?												
In past 24 hours ago	0.7	0.5	4.0	6.7	0.8	0.0	4.5	5.6	2.2	1.2	17.1	15.4	1.7	0.0	16.0	6.7
7 days ago	3.0	4.3	10.0	16.8	4.0	4.8	10.6	17.7	8.3	9.6	42.3	38.6	11.8	6.3	16.0	40.0
2-4 weeks ago	5.3	6.5	4.1	8.6	6.2	9.2	4.5	9.9	16.0	14.5	16.7	16.9	14.6	6.3	12.0	16.7
2-3 months ago	4.1	7.5	1.9	4.1	5.7	7.9	2.0	5.4	11.9	13.9	3.8	7.9	13.5	8.6	8.0	3.3
4-6 months ago	3.1	3.8	1.6	0.7	3.5	3.8	2.3	8.0	5.4	7.2	0.9	1.2	8.4	6.3	0.0	0.0
7-12 months ago	2.1	1.6	0.9	1.4	2.2	1.7	1.4	1.9	1.9	2.4	1.3	1.2	2.2	2.3	8.0	3.3
Over a year ago	3.8	3.7	2.7	1.2	3.9	4.1	2.8	1.6	4.8	3.0	1.7	1.2	7.9	3.5	0.0	0.0
Never	77.9	72.1	74.7	60.6	73.7	68.6	71.5	57.1	49.4	48.2	15.8	17.7	39.3	66.7	40.0	30.0
Missing	0.1	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.4	0.0	0.6	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Use condom with last new p					T						T					
Yes	12.9	16.3	16.4	29.0	15.1	19.8	18.6	31.1	37.8	33.1	63.7	62.6	51.1	15.5	56.0	33.3
No	6.9	7.0	6.2	7.2	8.7	6.8	6.1	8.3	10.3	10.2	15.0	12.6	6.7	8.6	0.0	20.0
Don't remember	2.1	4.5	2.4	3.3	2.3	4.8	3.3	3.5	1.9	8.4	5.1	7.1	1.7	9.2	4.0	16.7
No partner from here	77.9	72.3	74.7	60.6	73.7	68.6	71.5	57.1	49.4	48.2	15.8	17.7	39.3	66.7	40.0	30.0
Missing	0.2	0.0	0.4	0.0	0.2	0.0	0.5	0.0	0.6	0.0	0.4	0.0	1.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

		Table C	3 — Paı	tner Ac	quisitio	n of Ind	ividuals	Intervie	wed at	Sites in	Tashkei	nt				
	Rep	resenta	tive San	nple		Yo	uth		(CSW and	d Client	S		ID	Us	
	Ма	les	Fem	ales	Ma	les	Fem	ales	Ma	les	Fem	nales	Ma	les	Fem	ales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Number of partners in past	4 weeks						_						.ē		_	
0	31.4	22.2	36.6	22.8	37.4	31.4	41.9	26.5	9.9	4.8	2.1	12.0	9.0	23.6	8.0	3.3
1	38.6	36.7	36.8	33.5	30.4	32.8	28.8	26.8	21.5	23.5	8.1	12.2	32.6	31.6	20.0	23.3
2	16.7	23.1	8.5	9.1	16.4	22.9	9.4	11.5	34.0	33.7	18.8	11.4	23.0	22.4	8.0	6.7
3	6.1	8.6	4.0	6.4	7.2	7.2	5.0	6.7	15.1	19.3	13.7	11.8	15.7	10.9	16.0	0.0
4 – 9	5.3	9.4	9.5	14.4	6.5	5.8	10.3	16.1	14.4	18.7	35.0	31.5	15.7	11.5	16.0	20.0
10 – 14	1.5	0.0	1.8	8.2	1.7	0.0	2.0	7.2	4.2	0.0	8.5	18.9	2.8	0.0	8.0	30.0
15+	0.4	0.0	2.9	5.7	0.3	0.0	2.5	5.1	1.0	0.0	13.7	13.0	1.1	0.0	24.0	16.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of new partners in p	past 4 w	eeks														
0	70.8	65.7	72.7	58.0	66.8	63.5	69.5	54.2	31.4	37.4	8.1	11.0	47.2	63.8	40.0	23.3
1	16.9	19.6	8.4	10.1	16.9	23.2	9.4	12.6	34.3	30.1	14.5	17.3	18.0	17.8	12.0	6.7
2	6.8	8.8	5.1	6.4	9.4	8.5	5.6	7.2	16.3	19.3	17.9	14.6	16.9	11.5	4.0	6.7
3	2.1	3.8	3.1	4.5	3.0	3.1	3.8	5.4	8.0	9.6	12.0	9.1	6.2	5.2	0.0	0.0
4 – 9	2.8	2.1	7.2	14.4	3.4	1.7	8.1	14.5	8.7	3.6	30.8	32.7	10.7	1.7	20.0	33.3
10 – 14	0.4	0.0	1.3	4.1	0.5	0.0	1.7	4.3	1.0	0.0	5.6	9.5	0.6	0.0	0.0	16.7
15+	0.1	0.0	2.3	2.6	0.0	0.0	1.9	1.9	0.3	0.0	11.1	5.9	0.6	0.0	24.0	13.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of partners in past	12 mont	hs					_						.ē		_	
0	11.9	5.3	24.2	12.9	17.3	7.9	32.7	17.7	0.3	0.0	0.0	0.0	1.1	4.6	0.0	0.0
1	31.2	23.4	36.4	27.6	22.3	21.5	24.4	18.2	5.1	3.0	1.7	1.2	11.8	20.7	20.0	10.0
2	11.6	14.5	8.2	8.6	9.4	15.0	8.0	9.7	8.0	8.4	2.6	1.2	11.8	14.4	8.0	3.3
3	7.3	10.2	4.3	4.5	7.7	10.6	4.2	4.3	8.3	9.0	3.4	1.2	7.9	7.5	4.0	6.7
4 – 9	21.3	29.7	9.5	10.6	22.1	29.4	11.9	12.3	37.2	41.0	17.9	16.1	33.7	35.1	8.0	10.0
10 – 14	7.2	6.9	3.6	4.0	8.7	6.8	3.9	4.0	16.0	14.5	13.2	7.9	12.4	7.5	8.0	0.0
15+	9.4	10.1	13.8	31.9	12.4	8.9	14.9	33.8	25.0	24.1	61.1	72.4	21.3	10.3	52.0	70.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of new partners in	oast 12 r	nonths					_						.ē		_	
0	39.0	30.3	53.6	38.3	31.4	24.9	50.4	32.7	4.5	7.2	2.1	1.2	7.9	23.0	12.0	10.0
1	13.0	11.2	11.6	8.9	14.1	12.6	10.5	10.5	7.4	5.4	1.7	3.2	8.4	13.2	16.0	0.0
2	10.7	14.2	6.2	6.4	11.1	16.0	6.3	6.7	10.9	13.9	3.0	1.2	14.6	13.8	4.0	10.0
3	7.3	11.0	4.1	3.3	8.4	13.0	4.7	3.2	11.5	10.8	4.7	2.8	10.1	12.1	4.0	3.3
4 – 9	16.7	20.3	8.0	9.6	17.4	20.5	10.5	11.3	31.4	30.7	17.5	15.4	27.5	25.3	8.0	6.7
10 – 14	5.8	6.1	3.6	3.3	7.2	5.8	3.8	4.0	12.8	15.1	13.2	7.5	11.2	6.9	4.0	0.0
15+	7.6	7.0	12.8	30.4	10.4	7.2	13.9	31.6	21.5	16.9	57.7	68.9	20.2	5.8	52.0	70.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

		Table C	3 — Paı	rtner Ac	quisitio	n of Indi	ividuals	Intervie	wed at	Sites in	Tashker	nt				
	Rep	resenta	tive San	nple		You	uth		(CSW and	d Clients	S		IDI	Us	
	Ma	les	Fem	ales	Ma	les	Fem	ales	Ма	les	Fem	ales	Ma	les	Fem	nales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
			N=1015			N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Youngest person had sex w	ith in the		2 month													
10+ years younger		22.2		5.7		0.0		0.0		39.8		12.6		17.8		10.0
5 to 9 years younger		23.4		13.4		19.8		11.5		33.7		27.2		26.4		30.0
1 to 4 years younger		38.8		24.2		56.3		29.5		21.1		36.2		40.2		23.3
Same age		4.8		7.0		7.2		8.6		1.8		5.5		4.0		6.7
1 to 4 years older		4.6		21.8		7.5		20.6		3.0		10.6		5.8		23.3
5 to 9 years older		1.3		13.4		1.4		11.8		0.6		5.5		2.3		6.7
10+ years older		0.3		2.9		0.3		1.3		0.0		2.4		0.0		0.0
No partners in past 12		4.6		11.7		7.5		16.6		0.0		0.0		3.5		0.0
months		4.0		11.7		7.5		10.0		0.0		0.0		3.5		0.0
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Oldest person had sex with	in the pa	ast 12 m	nonths w	/as												
10+ years younger		2.1		0.2		0.0		0.0		1.8		0.4		0.0		3.3
5 to 9 years younger		9.4		1.2		1.4		0.5		10.2		1.2		2.9		3.3
1 to 4 years younger		29.8		2.4		21.2		2.1		16.9		0.0		23.6		3.3
Same age		8.5		2.6		10.9		1.6		6.0		0.8		12.1		6.7
1 to 4 years older		23.4		17.0		32.1		14.5		31.3		2.4		27.0		20.0
5 to 9 years older		15.2		21.1		18.4		20.4		22.9		8.7		20.7		63.3
10+ years older		7.0		43.9		8.5		44.2		10.8		86.6		10.3		0.0
No partners in past 12		4.6		11.7		7.5		16.6		0.0		0.0		3.5		0.0
months		4.0		11.7		7.5		10.0		0.0		0.0		3.5		0.0
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Has regular long-term sexua	al partne	r(s)														
Yes	69.6	72.4	61.5	72.0	53.7	55.6	50.4	63.0	71.5	73.5	62.4	73.2	76.4	69.0	80.0	76.7
No	30.4	27.6	38.5	28.0	46.3	44.4	49.6	37.0	28.5	26.5	37.6	26.8	23.6	31.0	20.0	23.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Men who have had sex with	a man i	n past 4	weeks													
Yes	0.6	0.8	0.0	0.0	0.8	1.4	0.0	0.0	1.3	2.4	0.0	0.0	0.6	0.6	0.0	0.0
No	99.2	99.2	0.0	0.0	99.0	98.6	0.0	0.0	98.4	97.6	0.0	0.0	99.4	99.4	0.0	0.0
Don't remember	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Not applicable	0.0	0.0	100.0	100.0	0.0	0.0	100.0	100.0	0.0	0.0	100.0	100.0	0.0	0.0	100.0	100.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

		Don	orted C	on dom	lloo by		e C4	ializina	ot Citoo	in Took	kont					
	Rep		orted Co		USE DY		ais 300 uth	aliziliy		CSW an		s		ID	Us	
	Ma		Fem	-	Ma	iles	Fem	ales	Ма	les	Fem	ales	Ма	les	Fem	ales
	2002	2003	2002 N=4045	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002 N=25	2003 N=30
Last time used a condom	N-1039	N-621	N=1015	N-203	N-596	N-293	N-039	N-3/3	N-312	N=166	N-234	N-254	N=178	N=174	N-25	N=30
	0.5	0.7	0.5	444	0.0	0.4	44.0	440	10.4	4.0	00.4	00.4		0.0	04.0	00.0
In past 24 hours	6.5	3.7	9.5	14.1	6.0	3.4	11.6	14.2	13.1	4.8	29.1	26.4	9.0	2.9	24.0	20.0
In past week	17.8	17.7	17.0	25.4	20.5	17.8	19.2	28.2	34.9	28.3	41.5	44.5	30.9	16.1	32.0	23.3
In past 4 weeks	10.5	14.7	6.7	12.2	12.9	18.1	6.7	13.7	20.2	23.5	13.2	18.5	21.9	11.5	16.0	26.7
In past 2-6 months	16.5	22.3	8.6	8.9	17.3	26.3	9.5	10.5	16.0	21.7	9.8	5.1	14.6	24.7	8.0	13.3
In past 7-12 months	4.9	7.5	2.8	1.9	5.4	6.5	2.5	2.1	2.6	4.8	1.7	0.4	4.5	14.4	0.0	3.3
Over one year ago	14.2	14.0	13.9	11.3	10.7	10.9	7.4	6.7	4.5	6.6	1.7	2.4	10.7	14.9	12.0	10.0
Never used a condom	29.5	20.1	41.6	26.2	27.2	17.1	43.0	24.7	8.7	10.2	3.0	2.8	8.4	15.5	8.0	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Where got last condom used																
Grocery store	19.7	15.3	7.4	9.1	23.3	15.4	8.5	9.9	30.8	20.5	18.4	17.3	47.2	12.1	32.0	6.7
Pharmacy	22.6	18.0	13.1	15.1	21.1	18.4	11.1	15.0	22.8	21.1	17.5	20.9	25.8	5.8	20.0	16.7
Kiosk	13.8	19.6	5.1	10.0	13.8	22.2	5.3	11.8	18.3	16.9	15.4	18.9	3.4	25.3	4.0	26.7
Partner had condom	6.1	13.7	27.4	34.7	6.4	14.3	27.1	33.0	9.6	19.9	39.7	35.0	3.9	20.1	24.0	40.0
Friend	4.6	7.2	3.0	1.4	5.7	6.5	4.1	1.6	4.8	7.2	2.1	1.6	3.4	8.6	0.0	0.0
Received free of charge	1.1	1.0	0.4	1.5	1.0	0.7	0.2	1.9	0.6	0.0	2.1	1.6	1.7	1.2	12.0	0.0
Bar, Nightclub, Restaurant, Hotel		1.3		0.3		1.7		0.5		1.8		0.4		1.7		0.0
Other	2.4	3.8	1.9	1.7	1.3	3.8	0.8	1.6	4.2	2.4	1.7	1.6	5.6	9.8	0.0	6.7
Never used a condom	29.5	20.1	41.6	26.2	27.2	17.1	43.0	24.7	8.7	10.2	3.0	2.8	8.4	15.5	8.0	3.3
Missing	0.2	0.0	0.2	0.0	0.2	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.6	0.0	0.0	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

							e C4									
Reported Condom Use by Individuals Socializing at Sites in Tashkent Representative Sample Youth CSW and Clients IDUs																
	Rep	resenta	tive San	nple		Yo	uth		(CSW and	d Client	S		ID	Us	
	Ma	les	Fem	ales	Ma	les	Fem	ales	Ma	les	Fem	nales	Ma	les	Fem	ales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
What was the brand of the las	st condo	om used	l?													
Favorite		4.5		5.0		6.1		7.0		4.8		7.1		2.3		3.3
Durex		5.1		4.3		6.1		4.6		5.4		6.7		4.6		3.3
Pilotos		0.3		0.9		0.0		0.5		0.0		0.4		0.6		0.0
Two to Tango		1.6		1.0		2.4		0.3		3.0		2.0		1.7		0.0
Innotex		3.8		3.6		3.4		4.0		5.4		5.5		4.6		3.3
Vizit		2.4		2.2		2.4		3.0		3.0		3.2		2.9		3.3
Lifestyle		0.5		0.5		0.3		8.0		1.2		0.4		0.6		0.0
Context		11.2		10.1		13.3		11.5		16.3		17.3		6.9		3.3
Desire		8.0		1.2		0.3		8.0		0.6		1.2		1.7		3.3
Gold Circle		3.5		4.1		4.1		5.1		2.4		8.3		2.9		3.3
Indian/No Brand		2.6		4.8		3.1		3.8		3.6		8.7		4.0		6.7
Other		7.0		6.9		34.8		8.0		9.0		6.7		6.9		16.7
Don't Remember/Don't Know		36.7		29.2		6.5		26.0		34.9		25.6		44.8		50.0
Never used a condom		20.1		26.2		17.1		24.7		10.2		2.8		15.5		3.3
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Has condom with them at tim	e of inte	erview														
Yes, condom not seen	3.6	1.9	4.0	4.1	4.4	2.7	4.9	5.1	3.5	3.6	15.4	8.7	0.6	1.2	4.0	3.3
Yes, condom seen	8.8	9.3	7.7	16.8	9.7	10.9	10.3	18.8	17.9	18.7	26.9	36.2	7.9	7.5	16.0	16.7
No	87.7	88.5	88.3	79.1	85.9	86.0	84.8	76.1	78.5	77.7	57.7	55.1	91.6	90.8	80.0	80.0
Missing	0.0	0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

	Table C4 Reported Condom Use by Individuals Socializing at Sites in Tashkent															
		Rep	orted Co	ondom	Use by I	Individu	als Soci	alizing	at Sites	in Tash	kent					
	Rep	resenta	tive San	nple		Yo	uth		(CSW and	d Client	S		ID	Us	
	Ma	les	Fem	ales	Ма	les	Fem	ales	Ма	les	Fem	ales	Ma	les	Fem	nales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Brand of condom seen?																
Favorite		2.2	-	2.2		3.4		3.5		4.2		4.3		1.2		3.3
Durex		1.0		1.5		0.3		1.1		2.4		3.2		1.2		3.3
Pilotos		0.2		0.2		0.0		0.3		0.0		0.4		0.0		0.0
Two to Tango		0.5		0.9		0.7		0.5		1.8		2.0		0.0		0.0
Innotex		0.5		1.5		0.7		1.3		1.8		3.2		0.6		0.0
Vizit		0.2		0.5		0.3		0.5		0.0		1.2		0.0		0.0
Lifestyle		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
Context		2.1		5.3		2.1		5.6		3.6		11.8		1.7		3.3
Desire		1.0		0.9		1.4		1.1		2.4		2.0		0.6		0.0
Gold Circle		8.0		1.0		1.4		1.3		0.6		2.4		0.0		0.0
Indian/No Brand		0.5		1.5		0.7		1.9		0.6		3.5		1.2		3.3
Other		1.1		1.9		1.0		2.7		1.8		3.9		1.7		3.3
Condom not seen		1.9		4.1		2.7		5.1		3.6		8.7		1.2		3.3
No condom at interview		88.5		79.1		86.0		76.1		77.7		55.1		90.8		80.0
In past 4 weeks, how often us	ed cond	loms w	ith new	sexual p	partners	;										
Always		17.5		26.1		20.8		28.2		34.3		57.1		15.5		26.7
Sometimes		10.9		13.2		9.9		14.8		19.3		28.4		16.1		46.7
Never		5.6		2.4		5.8		2.7		9.0		3.5		4.6		3.3
No new partners in last 4		66.0		58.3		63.5		54.4		37.4		11.0		63.8		23.3
weeks		00.0		56.5		03.5		34.4		37.4		11.0		03.0		23.3
Total		100.0		100.0		100.0		100.0		100		100.0		100.0		100.0
Condom used with last new p	artner i	n past 4	weeks		_										_	
Yes	19.4	23.3	21.2	33.5	23.2	25.9	25.2	35.9	51.9	44.6	76.1	73.2	44.9	24.1	52.0	50.0
No	9.5	10.7	5.6	8.2	10.1	10.6	5.0	9.7	16.7	18.1	15.8	15.8	7.9	12.1	8.0	26.7
No new parnter in last 4	71.0	66.0	73.2	58.3	66.8	63.5	60.0	51 1	31.4	37.4	8.1	11.0	47.2	62.0	40.0	23.3
weeks	71.0	00.0	13.2	აი.ა	00.0	03.5	69.8	54.4	31.4	37.4	0.1	11.0	41.2	63.8	40.0	23.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

						Tabl	e C4									
		Rep	orted Co	ondom	Use by	ndividu		ializing								
	Rep	resenta	tive San	nple		Yo	uth				d Client	S			Us	
	Ma	les	Fem	ales	Ma	les	Fem	ales	Ma	les	Fem	nales	Ma	les	Fen	nales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Why did not use condom with	ı last ne	w partn	er													
Partner protested	-	0.3	-	3.6		0.3		4.3		0.6		8.3		0.0		10.0
Do not like condoms		5.6		0.7		6.1		0.5		8.4		1.2		5.8		3.3
Trust partner		2.7		0.5		2.1		8.0		3.6		0.4		2.3		0.0
Afraid partner suspects		0.0		0.2		0.0		0.3		0.0		0.4		0.0		0.0
Another contraceptive		0.3		1.4		0.7		1.9		0.6		2.4		0.0		0.0
Condoms too expensive		0.2		0.3		0.0		0.3		0.6		8.0		0.6		0.0
Did not have condoms at hand		2.2		1.5		2.1		1.6		4.2		2.8		2.9		10.0
Condoms do not protect against STDs/AIDS		0.2		0.2		0.0		0.3		0.6		0.0		0.0		0.0
Condoms low quality / condoms break		0.2		0.2		0.0		0.3		0.0		0.4		0.0		0.0
Other		0.0		0.2		0.0		0.0		0.0		0.4		0.0		0.0
Used a condom with last new partner		23.3		33.5		25.9		35.9		44.6		73.2		24.1		50.0
No new partner in last 4 weeks		66.0		58.3		63.5		54.4		37.4		11.0		63.8		23.3
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Condom used at last sex with	a regul	ar partn	er		I				I						I	
Yes	19.7	17.4	17.9	24.7	21.8	18.8	20.5	27.9	29.8	18.7	38.9	35.43	32.6	10.3	48.0	6.7
No	49.7	55.0	43.3	47.3	31.9	36.9	29.7	35.1	41.3	54.8	23.5	37.8	43.3	58.6	32.0	70.0
No regular partner	30.6	27.6	38.7	28.0	46.3	44.4	49.8	37.0	28.8	26.5	37.6	26.77	24.2	31.0	20.0	23.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ever had a condom break in p	oast 12 r	nonths			•				•						•	
Yes		14.8		20.2		10.9		20.9		25.9		36.6		16.1		43.3
No		52.8		43.4		62.8		48.8		56.0		54.3		57.5		33.3
Does not use condoms		28.1		24.9		19.5		14.5		18.1		8.3		22.4		20.0
No partners in past 12 months		4.3		11.5		6.8		15.8		0.0		0.8		4.0		3.3
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0

						Tabl	e C4									
Reported Condom Use by Individuals Socializing at Sites in Tashkent Representative Sample Youth CSW and Clients IDUs																
	Rep	resenta	tive San	nple		Yo	uth		(CSW and	d Client	S		IDI	Us	
	Ma	les	Fem	ales	Ma	les	Fem	ales	Ma	les	Fem	ales	Ma	les	Fem	nales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Respondent's opinion for a re	easonab	le price	(in Son	ı) for a d	condom											
1-50 Som		22.8		24.53		19.11		23.06		18.07		20.08		22.99		10
51-100 Som		17.7		15.44		15.02		14.75		18.67		15.75		19.54		26.67
101-150 Som		7.5		6.69		8.19		6.17		10.24		7.87		12.64		13.33
151-200 Som		15.6		14.58		16.38		14.75		13.25		15.75		20.11		16.67
201-250 Som		3.5		2.74		3.75		2.95		4.22		2.36		4.02		6.67
251-300 Som		11.8		11.8		13.3		12.6		10.2		13.8		9.8		13.3
301-350 Som		1.4		1.4		1.7		1.1		1.8		1.2		0.0		0.0
351-400 Som		4.8		3.8		4.8		3.0		6.0		3.2		2.3		6.7
>400 Som		14.8		19.0		17.8		21.7		17.5		20.1		8.6		6.7
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Respondent's opinion about	efficacy	of cond	doms in	prevent	ing STI	sinclud	ing HIV									
Very effective		34.6		32.9		35.5		33.2		30.7		43.7		35.6		40.0
Somewhat effective		33.7		30.7		33.8		30.6		38.6		37.4		37.4		33.3
Not very effective		22.2		22.0		22.9		22.0		19.3		14.2		18.4		20.0
Not effective at all		3.4		4.1		2.4		2.4		5.4		2.8		4.0		6.7
Don't Know		6.2		10.3		5.5		11.8		6.0		2.0		4.6		0.0
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0

Kno	wledne	ahout H	IV/AIDS	Transm	ission a		le C5	of Indivi	duals S	ocializin	n at Site	es in Ta	shkent			
Kilo			tive San				uth	or marvi		CSW and				ID	Us	
	Ma	les	Fem	ales	Ma	les	Fem	ales	Ма	les	Fem	ales	Ма	les	Fem	ales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Respondent's opinion of HIV			N=1015		N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Serious Problem	•	58.5	l	58.5	1	52.6	1	55.8	l	62.7	1	46.1		58.1	1	50.0
Somewhat of a Problem		29.7		27.4		33.8		29.8		25.3		37.8		33.9		33.3
		4.3		27.4		33.6 4.4		3.0		3.6		2.8		5.2		0.0
Not a Problem at All Don't know		4.3 7.5		2.6 11.5		4.4 9.2		3.0 11.5		3.6 8.4		∠.o 13.4		5.2 2.9		16.7
Total		7.5 100.0		100.0		9.2 100.0		100.0		100.0		100.0		100.0		
								100.0		100.0		100.0		100.0		100.0
Respondent's opinion of ho				•					ı	40.0	1	40.0		40.0	1	00.0
Very likely		6.5		5.7		5.5		6.2		10.2		12.2		13.2		33.3
Somewhat likely		16.8		14.8		15.0		17.7		24.1		21.7		27.6		13.3
Not very likely		30.9		26.9		32.4		26.5		33.1		28.4		35.6		20.0
No risk		36.5		42.7		37.5		40.2		20.5		21.7		17.8		6.7
Don't know		9.3		10.0		9.6		9.4		12.1		16.1		5.8		26.7
Total		100.0	<u></u>	100.0		100.0		100.0		100.0		100.0		100.0		100.0
Respondent Believes It Is Po			me Infec	ted with	า HIV/AI	DS thro	<u>ugh</u>									
Sexual contact without of																
Yes	96.3	98.9	93.9	98.5	97.5	98.3	94.5	98.1	98.1	98.2	94.4	98.8	97.8	99.4	96.0	100.0
No	1.3	0.5	0.6	0.3	1.0	0.7	0.8	0.3	1.0	1.2	0.4	0.0	1.7	0.6	4.0	0.0
Don't know	2.3	0.6	5.5	1.2	1.5	1.0	4.7	1.6	1.0	0.6	5.1	1.2	0.6	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Injecting drugs with sha	red syri	nge														
Yes	95.2	97.5	95.9	95.4	93.8	98.6	96.7	95.7	95.5	97.6	93.6	97.6	96.1	98.3	100.0	100.0
No	1.0	1.3	0.3	1.7	1.5	0.3	0.5	1.6	1.3	1.8	0.4	8.0	2.2	1.2	0.0	0.0
Don't know	3.8	1.3	3.8	2.9	4.7	1.0	2.8	2.7	3.2	0.6	6.0	1.6	1.7	0.6	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Eating from common dis	sh		1		ı		ı		ı		ı		1		ı	
Yes	21.3	18.0	24.2	22.0	24.5	15.4	23.6	19.8	20.5	19.3	25.2	23.6	25.3	10.9	16.0	6.7
No	61.0	69.7	58.0	63.5	58.9	71.7	60.1	66.5	67.0	67.5	58.1	61.0	66.3	83.3	72.0	73.3
Don't know	17.7	12.3	17.7	14.6	16.6	13.0	16.3	13.7	12.5	13.3	16.7	15.4	8.4	5.8	12.0	20.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

							le C5									
Kno		Representative Sample Males Females 2002 2003 2002 2003				nd Prev Yo		of Indivi		ocializin CSW an			shkent	ID	Us	
				•	Ma	les		ales		les	t	ales	Ma	les		nales
	2002				2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
			N=1015			N=293			N=312			N=254		N=174	N=25	N=30
Swimming in common p			1010		11 000				,		111 _01		,		11 =0	
Yes	21.5	16.3	23.7	23.0	19.8	15.4	22.7	21.2	18.6	18.1	21.8	23.2	18.0	9.2	8.0	20.0
No	56.6	65.7	52.9	57.1	57.7	65.2	54.3	59.8	62.5	65.1	55.6	54.7	69.7	76.4	64.0	56.7
Don't know	21.9	18.0	23.3	19.9	22.5	19.5	23.0	19.0	18.9	16.9	22.6	22.1	12.4	14.4	28.0	23.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Insect bite	•								•				•			
Yes	34.9	21.7	33.8	23.2	35.7	23.9	33.3	25.2	33.0	26.5	29.5	20.9	34.3	17.8	24.0	26.7
No	40.2	57.6	39.7	53.9	39.8	55.6	40.4	52.6	46.8	51.8	40.6	52.4	51.7	67.2	64.0	53.3
Don't know	24.8	20.7	26.5	23.0	24.5	20.5	26.3	22.3	20.2	21.7	29.9	26.8	14.0	14.9	12.0	20.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Handshake									_				_			
Yes	6.9	4.2	5.4	5.5	8.6	3.4	5.0	4.6	5.1	4.8	3.4	5.9	9.6	2.3	0.0	0.0
No	81.7	88.2	81.8	83.7	80.9	90.8	82.5	86.1	87.5	86.1	82.1	83.1	86.0	94.8	96.0	90.0
Don't know	11.4	7.7	12.8	10.8	10.6	5.8	12.5	9.4	7.4	9.0	14.5	11.0	4.5	2.9	4.0	10.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
People can avoid of getting	HIV by:															
Using condoms	76.4	67.9	70.3	72.0	81.5	71.7	75.4	75.6	89.4	71.1	86.3	87.4	92.7	68.4	96.0	80.0
Having fewer partners	13.6	19.0	10.8	13.4	10.9	16.7	12.2	13.7	8.0	21.7	6.4	8.3	6.7	20.7	0.0	6.7
Both partners have no other	17.2	11.0	25.5	16.0	14.8	10.6	22.8	12.9	10.3	4.8	3.4	0.4	3.9	1.7	4.0	0.0
partner	17.2	11.0	25.5	10.0	14.0	10.0	22.0	12.9	10.5	4.0	3.4	0.4	3.9	1.7	4.0	0.0
No casual sex	36.1	32.7	37.6	34.5	34.4	27.7	36.3	29.8	25.0	24.1	12.8	9.8	3.4	21.8	4.0	23.3
No sex at all	3.6	1.9	2.1	3.1	2.9	2.1	2.2	4.0	1.0	2.4	3.8	3.5	0.0	2.9	0.0	0.0
No commercial sex	19.3	11.5	13.4	8.1	19.1	8.2	12.7	7.5	11.2	10.2	0.9	1.2	2.8	7.5	0.0	0.0
Avoid sharing needles	42.1	54.1	42.6	43.2	44.8	55.0	43.2	43.4	57.4	54.8	54.7	48.8	79.8	82.2	88.0	83.3
Avoid blood transfusions	16.2	17.4	15.8	22.3	14.4	17.1	15.8	23.1	11.5	27.1	23.1	26.4	2.8	14.9	4.0	10.0
Others	15.7	1.1	16.0	1.5	13.4	1.0	16.1	1.9	17.6	2.4	16.7	2.4	18.5	0.0	4.0	0.0
Don't know any	4.2	1.0	5.8	2.6	4.4	1.7	5.3	3.2	1.6	1.2	5.6	2.4	3.4	0.6	4.0	3.3
A person who looks healthy	can be		with Al	DS				·								
Yes	70.7	75.9	67.3	72.2	73.3	75.8	70.3	71.9	79.2	77.1	61.1	72.4	82.6	73.0	92.0	73.3
No	8.3	11.3	9.5	14.4	8.6	10.6	8.0	15.3	7.7	9.0	12.8	12.6	7.3	14.4	4.0	16.7
Don't know	21.0	12.8	23.3	13.4	18.1	13.7	21.8	12.9	13.1	13.9	26.1	15.0	10.1	12.6	4.0	10.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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	Por		ucation tive San		Testing		ıvıduais uth	Sociali		CSW and			1	ID	l lo	
		les	1	•	Ma	les		ales		iles	1		Ma	les		ales
	2002	2003	Fem 2002	2003	2002	2003	2002	2003	2002	2003	2002	ales 2003	2002	2003	2002	2003
			2002 N=1015			2003 N=293		2003 N=373				2003 N=254		2003 N=174	2002 N=25	2003 N=30
Attended AIDS educational					111 000		11 000		11 012		111 _01		,			
Yes	18.1		21.6		23.5		28.0		15.4		10.7		14.0		8.0	
No	81.9		78.4		76.5		72.0		84.6		89.3		86.0		92.0	
Total	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
Have you heard or seen any	inform	ation ab	out HIV/	AIDS in	the last	12 mor	ths?		•		•					
Yes		77.0		83.2		77.8		84.7		78.9		80.7		78.2		76.7
No		23.0		16.8		22.2		15.3		21.1		19.3		21.8		23.3
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
From what source did you re	eceive t	his info	rmation?	?											-	
TV		64.3		71.4		62.8		70.2		64.5		68.5		62.6		60.0
Radio		28.7		30.9		24.9		31.6		29.5		27.2		21.3		20.0
Newspapers/Magazines		39.4		47.7		37.2		47.2		40.4		35.0		31.6		26.7
Leaflets/Posters		38.3		42.0		37.5		40.0		44.0		35.0		32.8		26.7
Friend or relative		34.1		45.5		34.5		46.1		27.7		40.9		42.5		46.7
Doctor/health worker		16.8		25.9		17.8		25.2		20.5		24.0		23.6		26.7
In education places (school)		9.3		14.1		18.4		20.9		6.6		5.9		5.2		0.0
Outreach Worker		5.7		5.7		5.5		7.2		5.4		6.3		12.1		13.3
Other		8.5		9.3		9.9		10.7		6.0		8.3		4.0		0.0
Have you seen any condom	comme	rcials ir		t 12 mo	nths?											
Yes	57.3		47.3		61.1		50.1		69.2		39.3		82.0		88.0	
No	42.7		52.7		38.9		49.9		30.8		60.7		18.0		12.0	
Total	100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0	
Where can a person in Tash	kent ha		d drawn	from th	e vien fo		/ test?									
Center of AIDS		25.4		28.1		27.0		28.4		34.3		26.4		27.6		20.0
Venerological/		27.3		34.5		23.6		31.6		31.3		44.9		31.0		30.0
Dermatological Dispensary																
Clinic / Hospital		64.1		66.7		59.7		65.4		60.2		67.3		66.1		86.7
Don't Know		12.9		12.7		17.4		14.5		9.6		7.9		9.2		3.3

							le C6									
	zing at S	Sites in	Γashker	nt												
	Rep	resenta	tive San	nple		Yo	uth		(CSW and	d Client	S			Us	
	Ma	les	Fem	ales	Ma	les	Fem	ales	Ma	les	Fem	ales	Ma	les	Fem	ales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Number of times been teste	d for HI	/ in pas	t 12 mor	nths												
0	71.4	71.8	65.5	66.6	73.0	74.1	65.4	64.9	59.6	70.5	38.0	50.4	43.8	62.1	16.0	36.7
1	21.1	20.7	21.3	21.4	20.0	21.2	21.1	23.9	26.0	21.1	25.2	24.4	32.0	21.8	20.0	20.0
2	5.1	6.4	6.9	5.3	5.0	4.1	6.4	5.6	9.0	7.2	16.2	11.0	11.8	13.2	28.0	10.0
3 5	1.5	1.0	4.6	5.8	1.5	0.7	5.6	4.8	4.8	1.2	15.0	12.2	10.1	2.3	32.0	26.7
6+	0.7	0.2	1.4	0.9	0.5	0.0	1.3	8.0	0.3	0.0	5.1	1.6	2.2	0.6	4.0	6.7
Missing	0.2	0.0	0.3	0.0	0.0	0.0	0.2	0.0	0.3	0.0	0.4	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Last time tested for HIV was	s:															
Voluntary	9.7	9.4	15.2	14.2	9.6	9.2	16.3	15.3	22.8	9.0	44.0	28.7	46.6	18.4	76.0	30.0
Obligtatory	17.8	18.8	18.2	19.2	16.9	16.7	17.4	19.8	17.0	20.5	15.8	20.9	9.6	19.5	8.0	33.3
Not tested in last 12 months	71.4	71.8	65.5	66.6	73.0	74.1	65.4	64.9	59.6	70.5	38.0	50.4	43.8	62.1	16.0	36.7
Missing	1.1	0.0	1.1	0.0	0.5	0.0	0.9	0.0	0.6	0.0	2.1	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Last time tested for HIV, red	eived ex	cplanati	on abou	t ways o	of transr	nission	and oth	er infori	mation a	about HI	V (coun	seling)				
Yes		10.1		11.5		8.9		11.0		9.6		20.1		18.4		33.3
No		18.2		21.8		17.1		24.1		19.9		29.5		19.5		30.0
Not tested in last 12 months		71.8		66.6		74.1		64.9		70.5		50.4		62.1		36.7
Missing		0.0		0.2		0.0		0.0		0.0		0.0		0.0		0.0
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Interested in getting an HIV	test vol	untarily	if it will	be anor	ymous											_
Yes		53.0		48.0		55.3		50.4		56.6		68.9		74.1		83.3
No		47.1		52.0		44.7		49.6		43.4		31.1		25.9		16.7
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0

	Table C7 Injecting Drug Use Behavoir Reported by Individuals Socializing at Sites in Tashkent															
					oir Repo			uals Soc					ı	ID	11-	
			tive San			Youth Males Females				d Clients			ID	Females		
	Ma		Fem							les		ales		les		
	2002 N=1039	2003 N=627	2002 N=1015	2003 N=583	2002 N=596	2003 N=293	2002 N=639	2003 N=373	2002 N=312	2003 N=166	2002 N=234	2003 N=254	2002 N=178	2003 N=174	2002 N=25	2003 N=30
Injecting drug use common							I.		l		l .		l .			
Very common	5.6	19.3	7.3	17.2	5.4	16.7	7.2	15.8	8.3	27.1	6.8	21.7	20.2	32.8	12.0	40.0
Somewhat common	22.5	37.0	21.4	36.5	23.7	36.5	23.3	37.5	34.3	38.0	27.8	45.3	51.7	48.9	64.0	50.0
Not very common	30.0	20.7	28.3	19.7	29.9	25.6	28.5	20.4	35.6	16.3	35.0	18.9	25.8	16.7	20.0	10.0
Does not occur in this area	9.8	4.6	9.9	5.2	10.9	5.8	9.7	5.1	7.4	3.6	9.4	1.6	0.0	0.6	0.0	0.0
Don't know	32.1	18.3	33.2	21.4	30.2	15.4	31.3	21.2	14.4	15.1	20.9	12.6	2.2	1.2	4.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Injecting drug users socialized	ze at site	(respo	ndent o	oinion)	_				_							
Yes	37.7	54.4	40.9	43.7	38.8	54.6	44.3	44.2	58.3	61.5	57.3	61.8	97.2	97.7	92.0	93.3
No	23.3	14.0	17.6	18.2	23.3	17.4	14.2	19.6	15.1	12.7	15.8	12.2	0.6	0.6	8.0	0.0
Don't know	39.0	31.6	41.5	38.1	37.9	28.0	41.5	36.2	26.6	25.9	26.9	26.0	2.2	1.7	0.0	6.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Heard of place in city where IDUs can get new syringes																
Yes	10.2	17.9	6.2	7.4	10.1	18.1	5.9	7.0	20.5	18.1	12.4	13.8	39.9	47.1	44.0	33.3
No	89.8	82.1	93.8	92.6	89.9	81.9	94.1	93.0	79.5	81.9	87.6	86.2	60.1	52.9	56.0	66.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ever injected drugs																
Yes	5.4	32.2	1.8	7.9	5.0	31.1	2.0	8.3	33.3	31.3	10.7	15.4	100.0	100.0	100.0	100.0
Never	90.1	65.1	95.6	90.7	91.3	64.9	94.7	90.4	62.2	65.1	83.3	82.7	0.0	0.0	0.0	0.0
Refused to answer	4.5	2.7	2.7	1.4	3.7	4.1	3.3	1.3	4.5	3.6	6.0	2.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
When last injected drugs																
Past 7 days	1.2	20.4	0.2	4.1	1.3	17.1	0.2	4.0	9.3	15.1	4.7	7.9	36.5	73.6	56.0	80.0
Past 2-4 weeks	0.1	4.9	0.1	0.7	0.0	5.8	0.2	0.5	7.7	7.8	0.9	1.2	23.0	17.8	16.0	13.3
Past 2-3 months	0.0	8.0	0.1	0.2	0.0	1.0	0.2	0.3	7.4	0.6	0.4	0.4	25.8	2.9	20.0	3.3
Past 4-6 months	0.1	1.6	0.0	0.2	0.0	2.4	0.0	0.3	1.9	1.8	0.0	0.0	14.6	5.8	8.0	3.3
Past 7-12 months	0.6	0.6	0.4	0.9	0.8	1.0	0.6	1.1	1.3	1.8	1.7	2.0	0.0	0.0	0.0	0.0
Over one year ago	3.1	3.8	8.0	1.9	2.7	3.8	0.8	2.1	5.1	4.2	2.1	3.9	0.0	0.0	0.0	0.0
Never injected drugs	94.6	65.1	98.2	90.7	95.0	64.9	98.0	90.4	66.7	65.1	89.3	82.7	0.0	0.0	0.0	0.0
Missing	0.4	2.7	0.2	1.4	0.2	4.1	0.2	1.3	0.6	3.6	0.9	2.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

	Table C7															
	Injecting Drug Use Behavoir Reported by Individuals Socializing at Sites in Tashkent															
	Representative Sample				Yo	uth		(CSW and Clients				IDUs			
	Ма	les	Fem	ales	Ma	les	Fem	ales	Ма	les	Fem	ales	Ма	les	Fem	nales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Ever been arrested for injecting drugs																
Yes	3.1	11.3	1.7	2.9	3.7	6.5	1.3	3.2	16.0	13.9	7.7	5.9	53.4	39.7	52.0	43.3
No	96.9	88.7	98.3	97.1	96.3	93.5	98.7	96.8	84.0	86.1	92.3	94.1	46.6	60.3	48.0	56.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ever met with a narcologist or visited a narcologist dispensary																
Yes	6.4	11.0	3.2	2.2	6.0	6.8	3.3	2.7	13.1	12.1	6.8	3.9	33.1	37.9	32.0	30.0
No	93.6	89.0	96.8	97.8	94.0	93.2	96.7	97.3	86.9	88.0	93.2	96.1	66.9	62.1	68.0	70.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table C8						
Contact with Treatment Facilities for Me	en Socializi	ing at Sites	in Tashke 1-6	nt, 2002 7-12		
	Never	weeks	months	months	>1 year	
	%	%	%	%	%	
Representative Sample (N=1039)	1	1				
Ever been to:						
Private medical clinic	52.1	8	17.3	9.4	13.2	
State medical clinic	18.5	12.3	23.6	14	31.7	
Trust Point	97.5	0.5	0.5	0.3	1.3	
TB Dispensary	84.6	0.6	2.7	1.4	10.7	
Emergency	72.1	1.3	5.5	5.4	15.7	
Infection Hospital	78.6	8.0	1.5	2.1	16.9	
Skin/Venerological Dispensary	85.4	0.6	2.7	2.7	8.7	
Private venerological Doctor	91.1	0.2	2.2	2.2	4.2	
Private narcological doctor	98.4	0.1	8.0	0.2	0.6	
An outreach/social worker about injection drug use	98.9	0.2	0.4	0.3	0.2	
Youth (N=596)						
Ever been to:				_		
Private medical clinic	53.4	9.4	17.1	8.7	11.4	
State medical clinic	20.5	14.6	25	11.4	28.5	
Trust Point	97.7	0.5	0.3	0.2	1.3	
TB Dispensary	83.7	0.7	2.7	1.8	11.1	
Emergency	74.7	1.7	5.5	5	13.1	
Infection Hospital	81.5	0.8	1.8	2.3	13.4	
Skin/Venerological Dispensary	84.6	0.3	3	3.7	8.4	
Private venerological Doctor	92.6	0.2	2.2	2.5	2.5	
Private narcological doctor	98.8	0.2	0.3	0.3	0.3	
An outreach/social worker about injection drug use	98.5	0.3	0.5	0.5	0.2	
Clients of Commercial Sex Workers (N=312)						
Ever been to:						
Private medical clinic	46.5	9.6	26.6	7.7	9.6	
State medical clinic	17	15.7	23.1	11.5	32.7	
Trust Point	89.7	4.2	4.5	0	1.6	
TB Dispensary	81.4	0.3	3.8	1.3	13.1	
Emergency	68.6	1.6	9	6.7	14.1	
Infection Hospital	76	1	2.2	1.9	18.9	
Skin/Venerological Dispensary	81.4	1.6	3.5	6.1	7.4	
Private venerological Doctor	84.3	0.6	4.2	5.4	5.4	
Private narcological doctor	96.2	1	1.6	0.3	1	
An outreach/social worker about injection drug use	93.3	3.5	2.6	0.3	0.3	
Injection Drug Users (N=178)						
Ever been to:		1	1	1		
Private medical clinic	56.2	9.6	22.5	0.6	11.2	
State medical clinic	18	12.4	21.9	6.2	41.6	
Trust Point	78.7	10.1	9.6	0.6	1.1	
TB Dispensary	77.5	0.6	6.7	2.8	12.4	
Emergency	68	2.8	15.2	2.2	11.8	
Infection Hospital	81.5	0.6	2.8	0	15.2	
Skin/Venerological Dispensary	92.1	1.7	2.8	1.1	2.2	
Private venerological Doctor	91	2.2	2.8	0.6	3.4	
Private narcological doctor	89.9	2.2	5.6	1.1	1.1	
An outreach/social worker about injection drug use	80.9	11.2	5.6	0.6	1.7	

Table C9						
Contact with Treatment Facilities for Wor	nen Sociali					
	Never	<4	1-6	7-12	>1 year	
		weeks	months	months		
Denves enteting Comple (N=404E)	%	%	%	%	%	
Representative Sample (N=1015) Ever been to:						
	46.0	42.0	40.4	0.0	12.5	
Private medical clinic	46.3 13.0	13.0 16.6	19.4 32.2	8.8 15.3	23.0	
State medical clinic Trust Point	97.4	0.4	1.2	0.2	0.8	
	97. 4 87.3	0.4	1.4	1.5	9.3	
TB Dispensary Emergency	67.3 67.4	2.5	6.6	5.9	9.3 17.6	
Infection Hospital	74.2	0.2	2.0	3.3	20.3	
Skin/Venerological Dispensary	82.9	2.0	3.9	2.5	8.8	
Private venerological Doctor	88.2	3.1	4.2	1.7	2.9	
Private venerological boctor	99.6	0.0	0.0	0.1	0.3	
An outreach/social worker about injection drug use	99.1	0.0	0.3	0.4	0.3	
Youth (N=639)	33.1	0.0	0.0	0.4	0.2	
Ever been to:						
Private medical clinic	44.4	13.0	22.1	8.1	12.4	
State medical clinic	14.4	16.4	31.1	15.3	22.7	
Trust Point	97.0	0.3	1.6	0.3	0.8	
TB Dispensary	86.2	0.9	1.4	1.3	10.2	
Emergency	71.0	2.7	6.1	4.5	15.6	
Infection Hospital	76.2	0.3	1.6	3.8	18.2	
Skin/Venerological Dispensary	81.8	1.9	5.2	3.0	8.1	
Private venerological Doctor	85.3	3.4	5.8	2.2	3.3	
Private narcological doctor	99.7	0.0	0.0	0.0	0.3	
An outreach/social worker about injection drug use	98.7	0.0	0.5	0.5	0.3	
Commercial Sex Workers (N=234)				<u> </u>		
Ever been to:						
Private medical clinic	37.2	20.1	19.7	10.7	12.4	
State medical clinic	16.2	12.0	32.9	18.4	20.5	
Trust Point	94.0	2.6	2.6	0.0	0.9	
TB Dispensary	80.3	0.9	1.7	2.6	14.5	
Emergency	67.9	1.3	3.8	7.3	19.7	
Infection Hospital	61.1	0.9	3.0	7.3	27.8	
Skin/Venerological Dispensary	58.5	7.3	12.8	8.1	13.2	
Private venerological Doctor	58.5	12.4	14.5	5.6	9.0	
Private narcological doctor	98.3	0.0	0.4	0.0	1.3	
An outreach/social worker about injection drug use	97.9	1.3	0.0	0.0	0.9	
Injection Drug Users (N=25)						
Ever been to:		T	T .	T		
Private medical clinic	16.0	40.0	44.0	0.0	0.0	
State medical clinic	28.0	16.0	36.0	4.0	16.0	
Trust Point	60.0	24.0	16.0	0.0	0.0	
TB Dispensary	84.0	4.0	0.0	4.0	8.0	
Emergency	72.0	8.0	8.0	4.0	8.0	
Infection Hospital	76.0	0.0	0.0	4.0	20.0	
Skin/Venerological Dispensary	80.0	4.0	4.0	4.0	8.0	
Private venerological Doctor	72.0	16.0	8.0	0.0	4.0	
Private narcological doctor	88.0	0.0	4.0	0.0	8.0	
An outreach/social worker about injection drug use	80.0	16.0	4.0	0.0	0.0	

Table C10 STI Symptoms and Knowledge of Individuals Socializing at Sites in Tashkent, 2003								
STI Symptoms an		ge of Individu ull		zing at Sites i ub-Sample		:, 2003 nd Clients	In	Us
	Males	Females	Males	Females	Males	Females	Males	Females
	N=627	N=583	N=293	N=373	N=166	N=254	N=174	N=30
Heard of diseases or infections that can be tran								
Yes	95.2	96.2	94.5	95.4	97.0	97.6	97.7	96.7
No	4.8	3.8	5.5	4.6	3.0	2.4	2.3	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Signs or symptoms that someone has a sexual	ly transmitt	ed disease o	r infection					
Lower abdominal pain	10.1	25.7	11.6	26.0	7.8	29.1	9.8	26.7
Discharge from vagina (woman) / penis (man)	56.6	64.2	55.0	61.1	62.1	71.3	55.8	73.3
Itching in genital area	27.8	41.5	27.0	38.9	33.1	43.7	27.0	43.3
Burning pain on urination	33.8	12.0	29.4	12.3	36.8	14.2	31.6	20.0
Pain during intercourse	6.1	13.9	4.8	13.9	10.8	17.3	4.0	3.3
Genital ulcers / open sores	26.3	36.9	24.9	35.7	32.5	44.5	25.9	46.7
Inflammation in genital area	14.5	25.4	15.0	21.7	15.1	27.6	21.3	16.7
Blood in urine	3.8	3.3	3.4	2.7	4.8	1.6	1.7	0.0
Failure to pass urine	10.5	2.7	7.2	2.1	13.3	3.9	16.1	16.7
Loss of weight	5.3	5.2	5.8	4.3	1.2	5.5	8.6	20.0
Inability to conceive (woman) / impotence (man)	8.0	5.8	9.9	6.2	11.5	4.7	6.3	0.0
Other	8.0	0.2	8.5	8.6	9.0	4.7	9.8	6.7
No symptoms	1.3	6.5	1.7	0.3	1.8	0.4	0.0	0.0
Don't know	6.4	6.2	9.2	8.3	5.4	2.0	3.5	0.0
Refused	1.6	0.5	1.7	0.3	1.8	0.0	1.2	0.0
In the past 4 weeks, the respondent has had th	e following	symptoms						
Any Symptoms	3.0	14.1	3.1	14.8	5.4	22.1	4.0	23.3
Lower abdominal pain (women)		9.8		10.5		14.6		20.0
Pain on urination (men)	2.4		2.7		3.6		3.5	
Unusual discharge	1.0	7.2	1.0	7.8	2.4	11.8	1.2	6.7
Sores	0.2	1.5	0.0	1.3	0.6	3.5	0.6	3.3
Received treatment for symptoms in past 4 week	eks							
Self-Treatment	0.6	7.0	0.3	7.5	1.2	11.8	0.6	13.3
Private Physician or Clinic	0.6	1.9	0.3	1.9	1.2	3.2	0.6	0.0
Public Clinic or Hospital	0.8	2.7	0.7	2.4	1.2	2.8	1.2	0.0
Did not receive treatment	0.8	3.1	1.0	3.0	1.8	4.7	1.7	6.7
No symptoms in past 4 weeks	97.0	85.9	96.9	85.3	94.6	78.0	96.0	76.7

Table C11																
			Commer		by Indi			wed at S								
			tive San	•							nd Clients		IDUs			
	Ма		Fem		Ma			ales		les		ales		les		nales
	2002 N=4020	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Has received (women) or give			N=1015					N=3/3	N=312	N=166	N=234	N=254	N=1/8	N=1/4	N=25	N=30
Yes	22.8	26.5				•	24.6	45.6	100.0	100.0	100.0	100.0	46.4	24.1	56.0	00.0
	_		22.1 77.9	43.6	25.3	23.2				100.0		100.0	46.1			80.0
No	75.2	72.1		56.4	73.0	75.4	75.4	54.4	0.0	0.0	0.0	0.0	53.9	73.0	44.0	20.0
Don't remember	2.0	1.4	0.0	0.0	1.7	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Number of places women who engage in transactional sex go to look for clients in past 4 weeks															
0	0.0	0.0	0.7	0.3	0.0	0.0	8.0	0.5	0.0	0.0	3.0	8.0	0.0	0.0	16.0	3.3
1	0.0	0.0	11.6	13.4	0.0	0.0	12.2	13.4	0.0	0.0	51.7	30.7	0.0	0.0	24.0	13.3
2	0.0	0.0	7.1	14.9	0.0	0.0	8.9	16.1	0.0	0.0	32.1	34.3	0.0	0.0	16.0	40.0
3	0.0	0.0	2.1	7.9	0.0	0.0	2.0	9.4	0.0	0.0	10.7	18.1	0.0	0.0	0.0	16.7
4+	0.0	0.0	0.6	6.7	0.0	0.0	0.6	5.9	0.0	0.0	2.6	15.4	0.0	0.0	0.0	6.7
Not applicable	100.0	100.0	77.9	56.4	100.0	100.0	75.4	54.4	100.0	100.0	0.0	0.0	100.0	100.0	44.0	20.0
Missing	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Last time received money in e	exchang	e for se	x, used	a cond	om				I		I		· L		I.	
Yes		0.0		35.5		0.0		37.0		0.0		81.5		0.0		50.0
No		0.0		8.1		0.0		8.6		0.0		18.5		0.0		30.0
Not applicable		100.0		56.4		100.0		54.4		100.0		0.0		100.0		20.0
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
Who suggested using condor	n last ti	me rece	ived mo	ney in e	exchang	e for se	X						1			
Myself		0.0		20.1		0.0		21.2		0.0		46.1		0.0		20.0
Partner		0.0		3.4		0.0		2.7		0.0		7.9		0.0		16.7
Partner and I		0.0		11.0		0.0		11.5		0.0		25.2		0.0		13.3
Do not remember		0.0		1.0		0.0		1.6		0.0		2.4		0.0		0.0
Did not used condom last time		0.0		8.1		0.0		8.6		0.0		18.5		0.0		30.0
Not applicable		100.0		56.4		100.0		54.4		100.0		0.0		100.0		20.0
Total		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0
ıvlaı		100.0		100.0		100.0		100.0		100.0		100.0		100.0		100.0

	Table C11															
	Commercial Sex by Individuals Interviewed at Sites in Tashkent															
	Rep	Representative Sample				Yo	outh CSW and			CSW and	nd Clients		IDUs			
	Ма	les	Fem	ales	Ma	les	Fem	ales	Ма	les	Fem	ales	Ma	les	Fem	ales
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
	N=1039	N=627	N=1015	N=583	N=596	N=293	N=639	N=373	N=312	N=166	N=234	N=254	N=178	N=174	N=25	N=30
Why did not use a condom la	st time ı	received	d money	in exch	nange fo	rsex										
Partner protested		0.0		3.3		0.0		4.2		0.0		7.5		0.0		10.0
Do not like condoms		0.0		1.0		0.0		0.5		0.0		2.4		0.0		0.0
Trust partner		0.0		0.5		0.0		0.3		0.0		1.2		0.0		0.0
Afraid partner suspects		0.0		0.3		0.0		0.3		0.0		8.0		0.0		0.0
Another contraceptive		0.0		0.9		0.0		8.0		0.0		2.0		0.0		3.3
Condoms too expensive		0.0		0.2		0.0		0.0		0.0		0.4		0.0		0.0
Did not have condoms at hand		0.0		1.2		0.0		1.3		0.0		2.8		0.0		13.3
Other		0.0		0.5		0.0		8.0		0.0		1.2		0.0		3.3
Used condom last time		0.0		35.5		0.0		37.0		0.0		81.5		0.0		50.0
Not applicable		100.0		56.4		100.0		54.4		100.0		0.0		100.0		20.0
Missing		0.0		0.2		0.0		0.3		0.0		0.4		0.0		0.0
Total	-	100.0		100.0		100.0	1	100.0		100.0		100.0		100.0		100.0

Needle Sharing Behavo	Table C12)rua Users in Ta	shkent	
Troodio Charing Bonavo	_	iles	Fem	ales
	2002	2003	2002	2003
	N=178	N=174	N=25	N=30
Shared syringe at last injection	-			
Yes	13.5	39.1	4.0	50.0
No	84.8	56.3	96.0	43.3
Don't know/remember	1.7	4.6	0.0	6.7
Total	100.0	100.0	100.0	100.0
In last 4 weeks, shared syringe with other IDL	J _.		_	
Yes	14.6	43.1	12.0	56.7
No	84.8	55.8	88.0	43.3
Don't know/remember	0.6	1.2	0.0	0.0
Total	100.0	100.0	100.0	100.0
In last 4 weeks, got new syringe	i			
Yes	14.0	14.4	44.0	3.3
No	86.0	79.9	56.0	90.0
Don't know/remember	0.0	5.8	0.0	6.7
Total	100.0	100.0	100.0	100.0
Number of times injected drugs yesterday				
0	78.1	60.3	80.0	56.7
1	14.0	25.9	4.0	40.0
2	6.2	13.8	12.0	3.3
3	1.1	0.0	0.0	0.0
4+ T-1-1	0.6	0.0	4.0	0.0
Total	100.0	100.0	100.0	100.0
Number of different syringes used yesterday	70.4	00.0	00.0	50.7
0	78.1	60.3	80.0	56.7
1	19.1	27.6	4.0	40.0
2 3	2.2 0.6	11.5 0.6	12.0 0.0	3.3 0.0
4+	0.0	0.0	4.0	0.0
Total	100.0	100.0	100.0	100.0
Number of different people with whom shared			100.0	100.0
0	88.8	56.3	96.0	43.3
1	2.2	4.6	0.0	43.3 6.7
2	5.1	10.9	0.0	10.0
3	2.8	9.2	4.0	13.3
4 9	1.1	17.2	0.0	26.7
10+	0.0	0.6	0.0	0.0
Missing	0.0	1.1	0.0	0.0
Total	100.0	100.0	100.0	100.0
Number of different people with whom shared				
0	95.5	81.6	100.0	73.3
1	2.8	8.1	0.0	10.0
2	1.1	4.6	0.0	0.0
3	0.6	0.6	0.0	6.7
4 9	0.0	4.6	0.0	10.0
10+	0.0	0.0	0.0	0.0
Missing	0.0	0.6	0.0	0.0
Total	100.0	100.0	100.0	100.0

Table C12 Needle Sharing Behavoir of Injection Drug Users in Tashkent						
		les		ales		
	2002 N=178	2003 N=174	2002 N=25	2003 N=30		
Where got last syringe used	•					
Pharmacy	87.1	54.0	76.0	40.0		
Purchased somewhere else	0.6	3.5	0.0	3.3		
Trust point	7.3	6.9	16.0	3.3		
Friend	3.4	25.9	4.0	43.3		
Other	1.7	4.6	4.0	0.0		
Don't know/remember	0.0	5.2	0.0	10.0		
Total	100.0	100.0	100.0	100.0		
Can get new syringes whenever wants						
Always	92.1	58.6	100.0	46.7		
Sometimes	7.9	39.1	0.0	50.0		
Never	0.0	0.6	0.0	0.0		
Missing	0.0	1.7	0.0	3.3		
Total	100.0	100.0	100.0	100.0		
Why can't always get new syringes when wan	its		_			
No money	3.4	16.7	0.0	26.7		
Exchange station too far away	0.0	4.0	0.0	0.0		
Kiosk or drug store too far way	0.0	10.9	0.0	3.3		
Police menace	2.2	2.9	0.0	6.7		
Don't think it is necessary to get a new syringe	1.7	2.3	0.0	13.3		
Other	0.6	4.6	0.0	3.3		
Always can get new syringes	92.1	58.6	100.0	46.7		

Table C13 Drug Use History of Injection Drug Users Socializing at Sites in Tashkent						
Drug doc motory of myodion Dr		iles		ales		
,	2002	2003	2002	2003		
	N=178	N=174	N=25	N=30		
Main way to take drugs						
Individually	56.2	23.6	28.0	10.0		
Always with same group	19.1	46.6	44.0	40.0		
With different groups	2.2	1.7	12.0	10.0		
Depends on circumstances	22.5	28.2	16.0	40.0		
Total	100.0	100.0	100.0	100.0		
Most freqently injected drugs						
Raw opium (hanka)	7.3	28.2	0.0	36.7		
Heroin	91.6	85.6	100.0	86.7		
Other	1.1	1.7	0.0	3.3		
In last 4 weeks, took drugs from common reserv						
Yes	38.8	67.8	44.0	70.0		
No	61.2	29.3	56.0	23.3		
Don't know/remember	0.0	2.9	0.0	6.7		
Total	100.0	100.0	100.0	100.0		
In last 4 weeks, used ready made drug solution v						
Yes	34.8	39.1	36.0	46.7		
No	65.2	49.4	64.0	40.0		
Don't know/remember	0.0	11.5	0.0	13.3		
Total	100.0	100.0	100.0	100.0		
Length of time injecting drugs	10010					
< 1 year	14.6	19.0	4.0	16.7		
				26.7		
				20.0		
				26.7		
				10.0		
	4.5		4.0	0.0		
	100.0		100.0	100.0		
	53.4	39.7	52.0	43.3		
No	46.6	60.3	48.0	56.7		
Total	100.0			100.0		
Think they have been registered by police						
	22.5	20.7	20.0	6.7		
				36.7		
				56.7		
				100.0		
Think they have been registered by police as IDU						
, , , , , , , , , , , , , , , , , , , ,		12.1	12.0	6.7		
				0.0		
				36.7		
				56.7		
, , ,				100.0		
			1			
			32 0	30.0		
				70.0		
				100.0		
1 year 2 years 3-4 years 5-9 years 10+ years Total Ever been arrested for injecting drugs Yes No Total Think they have been registered by police Yes No Never arrested for injecting drugs Total	20.8 13.5 22.5 24.2 4.5 100.0 53.4 46.6 100.0 22.5 30.9 46.6 100.0 Js 13.5 9.0 30.9 46.6 100.0	19.5 19.5 23.6 17.8 0.6 100.0 39.7 60.3 100.0 20.7 19.0 60.3 100.0	24.0 24.0 28.0 16.0 4.0 100.0	26.7 20.0 26.7 10.0 0.0 100. 43.3 56.7 100. 6.7 36.7 56.7 100. 36.7 56.7		

Table C13							
Drug Use History of Injection Drug Users Socializing at Sites in Tashkent							
	Males Females						
	2002	2003	2002	2003			
	N=178	N=174	N=25	N=30			
Think they have been registered with narcologis	t or narcology	dispensary					
Yes	20.8	24.7	8.0	13.3			
No	12.4	13.2	24.0	16.7			
Never met narcologist/dispensary	66.9	621	68.0	70.0			
Total	100.0	100.0	100.0	100.0			
Think they have been registered with narcologis	t or narcology	dispensary as	IDUs				
Yes	14.6	16.7	4.0	10.0			
No	6.2	8.1	4.0	3.3			
Never been registered with narcologist/dispensary	12.4	13.2	24.0	16.7			
Never met narcologist/dispensary	66.9	62.1	68.0	70.0			
Total	100.0	100.0	100.0	100.0			

Appendix 2 – Baseline Questionnaires

KEY INFORMANT CHARACTERISTICS - TASHKENT (7/31/02)

No.	Questions	Coding categories
K1	Assessment City	Almaty 1 Karaganda 2 Tashkent 3 Osh 4
K2	Location of Interview	Primary Sampling Unit:
K3	Interviewer Number / Key Informant Number	/
K4	Date	/
K5	Gender of Key Informant	MALE 1 FEMALE 2
K6	Type of Key Informant: TAXI DRIVER 01 PUBLIC TRANSPORTATION DRIVER 02 LONG DISTANCE TRUCK DRIVERS 03 SEX WORKER 04 CLIENT OF SEX WORKER 05 PIMP 06 INJECTION DRUG USER 07 NON-GOVERNMENTAL ORG (NGO) STAFF 08 WORKERS OF AIDS CENTER, NARCOLOGICA DISPENSARY, VENEROLOGICAL CLINIC 09 MEDICAL PERSONNEL 10 POLICE OFFICER 11 HEALTH CARE/ PHARMACY WORKER 12	BARMEN/WAITERS 16 HOTEL STAFF 17 SAUNA STAFF 18 HOMELESS 19 UNEMPLOYED 20 NEW ARRIVALS/ TEMPORARY 21 STREET CLEANERS 22 STAIRWELL CLEANER 23 FLAT OWNERS COOP PERSONNEL 24 YOUTH 25 DORMITORY RESIDENT 26 RESIDENT OF AREA 27
	MINI-MARKET /SHOP SELLER 13 SELLERS AND WORKERS IN MARKET 14	

No.	Questions			Coding categories
		STREET VENDOR 15	OTHER_	50

Hello. I am working with FACT on a study to identify where better health programs are needed in the city. The purpose of the study is to find out where people go to meet new sexual partners and to find out where people who inject drugs can be found. AIDS doesn't seem to be a big problem yet in this area, but it could become a big problem if people don't learn about how to reduce the chances they will get infected. I would like to ask you a few questions. We want you to tell us the names and locations of places where people meet new sexual partners and where we can reach drug injectors for prevention programs. We don't want to know the names of any private residences. We are just interested in public places. If you tell us where these places are then we will visit those places to see if they want to have a health program there. Telling us the names and locations of sites should take between 5 and 15 minutes. We won't ask your name or ask you to provide any identifying information. You will not be contacted in the future. Your answers cannot be linked back to you. Your participation is completely voluntary and you may refuse to answer any question or completely refuse to participate. You may be embarrassed by the questions. You may not personally benefit directly from this study, but in a few months a new health program will be carried out in this city.

The name and phone number of the person in charge of this study are on this piece of paper. If you have any questions you can contact FACT.

K7	Are you willing to participate? *IF NO, STOP INTERVIEW.	YES 1 IF NO, STOP INTERVIEW. NO 2				
K8	How old are you? *STOP INTERVIEW IF RESPONDENT IS YOUNGER THAN 18					
K9	 YOUNGER THAN 18 We want to know where people socialize with the intention of meeting a new sexual partner. This will help us plan AIDS prevention programs there and have condoms available. We especially want to know: Where youth socialize and meet new sexual partners Where other people such as single men, gay men, temporary residents, migrant workers, go to find new sexual partners. Where people from this area go to meet new partners in this area and in other areas. We also want to know where people from outside the area come to meet new sexual partners in this area. *WRITE EACH PLACE NAMED ON THE LIST ON THE NEXT PAGE. AFTER FINISHING THIS QUESTIONNAIRE, FILL OUT A PLACE REPORT FORM FOR EACH PLACE. Do you know of any such places? YES 1					
	IF YES: Name the sites within a 10 minute walk, with	in a 10 minute drive, and further away.				
K10	We also want to know what you think about drug use in Tashkent. Does injecting drug use occur in Tashkent?	YES 1				

No.	Questions	Coding categories			
K11	Have you seen any syringes around here in the last 4 weeks?	YES 1			
	+ Weeks:	NO 2			
K12	Where can used and discarded syringes be found in Tashkent? *WRITE EACH PLACE NAMED ON THE LIST ON THE NEXT PAGE. AFTER FINISHING THIS QUESTIONNAIRE, FILL OUT A PLACE REPORT FORM FOR EACH PLACE.				
K13					
K14	Do you know places where female sex workers look for customers in Tashkent?	YES 1 NO 2			
K15	Where can sex workers be found within a ten minifurther away? *WRITE EACH PLACE NAMED ON THE LIST ON THIS QUESTIONNAIRE, FILL OUT A PLACE RE	N THE NEXT PAGE. AFTER FINISHING			
K16	Number of places named within 10 minute walk of interview location. (ALL TYPES OF PLACES INCLUDING SEX WORKER AND IDU PLACES)				
	Number of places named within 10 minute drive of interview location.				
	Number of places named further away.				

LIST PLACES NAMED ON LINES BELOW. USING THIS LIST, ASK THE RESPONDENT:

Indicate if it is within a 10 minute walk, 10 minute drive or further.

FILL OUT A PLACE REPORT FORM WITH THE RESPONDENT FOR EACH PLACE ON THE LIST.

Distance

Walk Drive Further 1. _____ 2 3 Walk Drive Further Walk Drive Further 1 2 Walk Drive Further 2 Walk Drive Further 1 2 Walk Drive Further 6. 1 2 Walk Drive Further 1 2 3 Walk Drive Further

8.	. 1	2	3	
	Walk	Drive I	Further	
9.	 1	2	3	
	Walk	Drive F	urther	
10.	 . 1	2	3	

This information in the list wont be entered.

PLACE REPORT FORM - TASHKENT 7/31/02

S1	Assessment City	Almaty 1 Karaganda 2 Tashkent 3 Osh 4
S2	Location of Interview	PRIMARY SAMPLING UNIT
S3	Interviewer Number / Key Informant Number	/
S4	Key Informant / Place Report Number	/
S5	Name of place and code	Code:
S6	Location of place relative to site of key informant interview. The site is within	DISTANCE 10 minute walk 1 10 minute drive 2 Further 3
S7	Address of place and how to find it.	
S8	Where is the place located? In what unit?	PRIMARY SAMPLING CODE:
S9	TYPE OF PLACE: 01 BAR/CAFÉ/RESTAURANT 02 NIGHTCLUB/DISCO 03 CASINO 04 GAY CLUB 05 HOTEL 06 SAUNA 07 BILLIARDS 08 GAME CLUB 09 COMPUTER CLUB 10 DORMITORY 11 PRIVATE APARTMENT/FLAT 12 BASEMENT/ROOF 13 STAIRWELLS 14 UNUSED/ ABANDONED BUILI	26 PARK 27 OTHER (specify):

		YES	NO
S10	Is this a place where	People meet sexual partners 1	2
		Drug Injectors can be found 1	2
		Syringes are lying around 1	2
		Sex workers solicit 1	2

SITE VERIFICATION FORM (May 21, 2002)

Unique Place	Number:	_	
-	(Number	from	1-600)

No.	Questions	Coding Categories
V1	Assessment Area	Almaty 1 Karaganda 2 Tashkent 3 Osh 4
V2	Location of Site	UNIT CODE:
V3	List ID Number	
V4	Name of Place	
V5	Correct Street Address	
V6	What is the closest public transportation route? PUT IN ROUTE NUMBERS AND PUT NAME OF METRO STOP. METRO STOPS WILL BE CODED IN OFFICE.	CLOSEST METRO STATION: BUS ROUTE: TROLLEY ROUTE: TRAM ROUTE: ROUTE TAXI/MICROBUS:
V7	Outcome of place verification	PLACE NOT FOUND 0 PLACE FOUND AND RESPONDENT INTERVIEWED 1 PLACE FOUND BUT NOT WILLING RESPONDENT 2 PLACE CLOSED TEMPORARILY 3 NO LONGER A PLACE 4

No.	Questions	Coding Categories
V8	TYPE OF SITE:	*ENTER CODE:
	01 BAR/CAFÉ/RESTAURANT 02 NIGHTCLUB/DISCO 03 CASINO 04 GAY CLUB 05 HOTEL 06 SAUNA 07 BILLIARDS 08 GAME CLUB 09 COMPUTER CLUB 10 DORMITORY 11 PRIVATE APARTMENT/FLAT 12 BASEMENT/ROOF 13 STAIRWELLS 14 UNUSED/ ABANDONED BU 15 SCHOOL 16 COLLEGE/PROFESSIONAL 17 UNIVERSITY CAMPUS/TUTO	LDING SCHOOL
V9	Interviewer Number	
V10	Date (DD/MM)	/
V11	Day of the week	MONDAY 1 TUESDAY 2 WEDNESDAY 3 THURSDAY 4 FRIDAY 5 SATURDAY 6 SUNDAY 7
V12	Time of day (24 HOUR CLOC	()::
V13	Number socializing upon interviewer arrival at place	MEN: WOMEN:
V14	Number of used syringes observed by interviewer at the	site
V15	Gender of respondent	MALE 1 FEMALE 2

No.	Questions	Coding Categories

Hello. I am working on a study to identify where better health programs are needed in the city. I would like to ask you some questions about this place and the people who come here. The interview should take between 15 and 30 minutes of your time. I won't ask your name or any other identifying information. Your participation is completely voluntary and you may refuse to answer any question or completely refuse to participate. There are no risks to participating but it is possible you may be embarrassed by the questions. You may not benefit directly from this research but the information may help in planning better

This is what we will do with the information you give us. We are asking people these questions at hundreds of places in the city. Your answers will be combined with information about other places like this and will not be reported about this place alone. Your name will not be recorded anywhere and we won't ask any information about you except to make sure you are over 17.

The name and phone number of the person in charge of this study are on this piece of paper. If you

	e name and phone number of the personny questions you can contact	on in charge of this study are on this piece of paper. If you at FACT.
V16	Do you agree to participate?	YES 1
	1	NO 2
V17	How old are you?	
	*CONCLUDE INTERVIEW IF RESPONDENT IS YOUNGER THAN 18.	
V18	How many years has this place been in operation as a place where	LESS THAN A YEAR 0
	people can pass time?	1 TO 2 YEARS 1
		3 TO 5 YEARS 2
		6 TO 10 YEARS 3
		MORE THAN TEN YEARS 4
		NOT APPLICABLE (FOR STREET CSW FOR EX) 9
V19	Which types of activities take place here?	YES NO DK
	READ LIST	Beer Consumed 1 2 8 Hard Alcohol Consumed 1 2 8
		TV Or Video Viewing 1 2 8
	CIRCLE ONE CODE FOR EACH ACTIVITY	Dancing 1 2 8 Music 1 2 8
		Computer Games/Slot Machines 1 2 8
		Eating food 1 2 8 Striptease Show 1 2 8

No.	Questions					Coding	g Cate	egori	ies
						YI	ES N	0 [DK
V20	I have been told that people socialize at places like this and meet sexual partners here.		nen meet ne	w female s	exual parti	ners here	? 1	2	8
			o women me	eet new sex	xual partne	ers here?	1	2	8
	READ LIST		Do men me	et male (ga	av) sexual i	nartners?	1	2	8
			es someone					2	8
		DO	es someone	onsite raci	ilitates part	nersnips:	ı		0
V21	Do female sex workers solicit						,	YES	1
	customers here?							NO	2
						DO. 11			
						DON'	IKNO	OW	8
V22	IF YES, For how many years h	nave			LES	S THAN A	A YEA	٩R	0
	female sex workers solicited customers here?					1 TO 2			1
									-
						3 TO 5	YEAF	RS	2
						6 TO 10	YEA	RS	3
					MORE T	HAN TEN	YEA	RS	4
						DON'	T KNC	OW	8
RFAD:	Let's talk in more details about	neonle who	come here	during the	husiest tim	es			
V23	Loto talk in more detaile about	poopio wiio							
	Among men who come here do busiest times how many do yo		None	< Half	Half	>Half	Almo		<u>\ /</u> \
		a triiriik are.	0	1	2	3		4	
	(a) Are Unemployed		0	1	2	3		4	
	(b) Are Students (c) Are < Age 18		0	1	2	3		4	
	(d) Live within a 10 minute wa	lk of here	0	1	2	3		4	
	(e) Residents of this unit	ik of field	0	1	2	3		4	
	(f) Come here at least once a	week	0	1	2	3		4	
	(g) Drink alcohol here	WOOK	0	1	2	3		4	
	(h) Find a new sexual partner	while thev	0	1	2	3		4	
	are here	o tricy							
	(i) Appear to be injection drug	gusers	0	1	2	3		4	

V24	Among woman who come here during the busiest times how many do you think are:		<u>No</u>	ne_	< Half	Ha	lf	>Half	Almost All/
	(a) Are Unemployed			0	1		2	3	4
	(b) Are Students			0	1		2	3	4
	 (c) Are < Age 18 (d) Live within a 10 minute walk of here (e) Residents of this district (f) Come here at least once a week (g) Drink alcohol here (h) Find a new sexual partner while they 			0	1		2	3	4
				0	1		2	3	4
				0	1		2	3	4
				0	1		2	3	4
				0	1		2	3	4
				0	1		2	3	4
	are here	Су						-	
	(i) Appear to be injection drug users			0	1		2	3	4
	(i) Appear to be injection drug users				·		_	•	·
				6-1	11am	11am-	-	5-10pm	10pm-
V25	During a typical week in the last two months, what were the busiest time(s) here? PROBE FOR DAYS AND TIMES OF DAY. MORE THAN ONE ANSWER ALLOWED FOR EACH DAY.					5pm			6am
		MOI			1	2		3	4
		TUE			1	2		3	4
		WEI			1	2		3	4
		FRI	iks		1	2		3	4
		SAT	-		1	2		3	4
		SUN	1		1	2		3	4
V26	What is the maximum number of men who come to this place in one day? Try to estimate the total number of men who come at any time between opening and closing. READ OPTIONS IF NECESSARY								< 10 1 11-20 2 21-50 3 51-100 4 101-300 5 301-500 6 501-1000 7
V27	What is the maximum number of women who come to this place in one day? Try to estimate the total number of women who come at any time between opening and closing. READ OPTIONS IF NECESSARY								< 10 1 11-20 2 21-50 3 51-100 4 101-300 5 301-500 6 501-1000 7

		T
V28	What are the busiest times of the year? CAN MARK YES FOR MORE THAN ONE OPTION	YES NO WINTER 1 2 SPRING 1 2 SUMMER 1 2 AUTUMN 1 2 HOLIDAYS 1 2 OTHER 1 2
		Specify
V29	Have there ever been any AIDS prevention activities at this place?	YES 1 NO 2
	IF YES: What types of activities?	ACTIVITIES
V30	In the last 12 months, how often have condoms been available here?	ALWAYS 1 SOMETIMES 2 NEVER 3
V31	Are there any condoms here today? If YES, can I see one? If YES, how many different brands of condoms?	YES, BUT YOU CANT SEE ONE 1 YES, AND A CONDOM WAS SEEN 2 NO 3 NUMBER OF BRANDS:
V32	Is it possible for someone to find a condom within 10 minutes of leaving this place at night?	YES 1 NO 2 DON'T KNOW 8
V33	Would you be willing to have AIDS educational programs here?	YES 1 NO 2 NOT APPLICABLE 9
V34	Would you be willing to sell condoms here?	YES 1 NO 2 NOT APPLICABLE 9
V35	We also want to know what you think about drug use in this unit. How common is injection drug use in this unit?	VERY COMMON 1 SOMEWHAT COMMON 2 NOT VERY COMMON 3 DOES NOT OCCUR IN THIS AREA 4

V36	Have you seen used syringes lying around inside or outside this place in the past 3 months?	YES 1 NO 2
V37	Is this a place where drug injectors can be found?	YES 1 NO 2
V38	IF YES, For how many years has this been a place where drug injectors can be found?	LESS THAN A YEAR 0 1 TO 2 YEARS 1 3 TO 5 YEARS 2 6 TO 10 YEARS 3 MORE THAN TEN YEARS 4 DON'T KNOW 8
V39	Observation: Evidence of AIDS educational activities noted by interviewer at the site	NUMBER OF AIDS POSTERS DISPLAYED NUMBER OF AIDS BROCHURES AT SITE NUMBER OF CONDOMS VISIBLE

QUESTIONNAIRE FOR INDIVIDUALS SOCIALIZING AT SITES (7/31/02)

No.	Questions	Coding categories
Q1	Name of City	Almaty 1 Karaganda 2 Tashkent 3 Osh 4
Q2	Interviewer Gender and Number	MALE 1 FEMALE 2 INTERVIEWER ID NUMBER:
Q3	Individual Interview Consecutive Number at site	
Q4	Name of site and Unique Identification Number	UNIQUE ID NUMBER:
Q5	Date (DD/MM/YY)	/
Q6	Time of day (24 hour clock)	::
Q7	Number socializing at place before interview	MEN:
Q8	According to the opinion of interviewer, amount of drug injectors and sex workers socializing at place before interview. GIVE YOUR BEST ESTIMATE.	MEN BOTH SEX WORKER AND IDU: SEX WORKER ONLY: IDU ONLY: WOMEN BOTH SEX WORKER AND IDU: SEX WORKER ONLY: IDU ONLY:

No.	Questions	Coding categories
Q9	Gender of respondent	MALE 1
		FEMALE 2
Q10	Interviewer opinion if respondent is IDU and/or CSW	IDU ONLY 1
		CSW ONLY 2
		BOTH IDU AND CSW 3
Hollo	Lam working on a study to identify where better be	NEITHER 4

Hello. I am working on a study to identify where better health programs are needed in the city. I would like to ask you some questions about your behavior, including sexual behavior and other risky behaviors. The interview should take between 20 and 30 minutes of your time and you will not be contacted in the future. I won't ask your name or any other identifying information. Your answers will be kept confidential. Your participation is completely voluntary and you may refuse to answer any question or completely refuse to participate. There are no risks to participating but it is possible you may be embarrassed by the questions. You may not benefit directly from this research but the information may help in planning better health programs.

This is what we will do with the information you give us. Your answers will be recorded on a paper that only identifies you with a number. Your name or specific address will not be recorded anywhere. We are asking hundreds of people these questions at places in the city.

The name and phone number of the person in charge of this study are on this piece of paper. If you have any questions you can contact at .

any qu	estions you can contact	at	<u> </u>
Q11	Do you agree to participate?		YES 1
	*IF NO, STOP INTERVIEW		NO 2
Q12	How old are you?		
	*STOP INTERVIEW IF YOUNGER T	THAN 18	
Q13	Do you live in Tashkent or elsewhere?		YES 1
	13.1 IF IN Tashkent: What microrayon do you live in?	13.1 IF Y	NO 2
	13.2 IF OUTSIDE Tashkent: • Where?		YON CODE:
		13.2 IF O	<u>JTSIDE TASHKENT</u> : TASHKENT OBLAST 1
			OTHER OBLASTS OF UZBEKISTAN 2
			LIVES ELSEWHERE IN CENTRAL ASIA 3
			LIVES OUTSIDE OF CENTRAL ASIA 4
	13.3 How far is your dwelling		DISTANCE:

No.	Questions	Coding categorie		es
	place from this site? A 10 minute drive or less? or more than a 10 minute drive?		10 MINUTES OR LESS	1
			MORE THAN 10 MINUTES	2
Q14	How long have you lived in here / the	ere?	LESS THAN ONE YEAR	0
			NUMBER OF YEARS	
			ALL MY LIFE 9	97
Q15	How many nights in the past three m have you slept outside Tashkent?	nonths	NUMBER OF NIGHTS:	
Q16	How often do you come to this place	?	EVERYDAY	1
	CIRCLE ONLY ONE RESPONSE.		4-6 TIMES PER WEEK	2
			2-3 TIMES PER WEEK	3
			ONE TIME PER WEEK	4
			2-3 TIMES PER MONTH	5
			ONE TIME PER MONTH	6
			LESS THAN ONCE A MONTH	7
			THIS IS MY FIRST VISIT	8
Q17	When did you come to this place the	first time?	THIS IS MY FIRST VISIT	1
			WITHIN PAST 4 WEEKS	2
			WITHIN PAST 2-6 MONTHS	3
			WITHIN PAST 7-12 MONTHS	4
			OVER A YEAR AGO	5
Q18	Some people meet new sexual partr		YES	1
	places like this. Do you believe that present new sexual partners here? The people they have never had sex with	at is,	NO	2

No.	Questions	Coding categories
Q19	In your opinion, of all the people who came here in the past four weeks, what share are injecting drug users?	All or almost all 1 More than half 2 About half 3 Less than half 4
	READ OPTIONS	Very few 5 None 6
Q20	Have you ever met a new sexual partner here?	YES 1
		NO 2
Q21	When did you last meet a new sexual partner here?	WITHIN 24 HOURS 1 WITHIN PAST 7 DAYS 2 WITHIN PAST 2-4 WEEKS 3 WITHIN PAST 2-3 MONTHS 4 WITHIN PAST 4-6 MONTHS 5 WITHIN PAST 7-12 MONTHS 6 OVER A YEAR AGO 7
		NEVER MET A NEW PARTNER HERE 9
Q22	The last time you had sex with this <u>new</u> partner from this place, did you use a condom?	YES 1 NO 2
		DON'T REMEMBER 3
		NEVER MET A NEW PARTNER HERE 9
Q23	Now I want to ask you about the people you had sex with in the past 4 weeks. How many different people have you had sex with in the past 4 weeks?	4 WEEK TOTAL
Q24	How many of these people were <u>new</u> sexual partners for you in the past 4 weeks?	4 WEEK NEW
Q25	The last time you had sex with one of these new partners, did you use a condom or not?	YES 1
		NO 2
000		NO NEW PARTNERS IN PAST 4 WEEKS 9
Q26	About how many new sexual partners have you had in the past 12 months?	NONE- NO NEW SEXUAL PARTNERS 0 NUMBER

No.	Questions	Coding categories
Q27	Do you have any regular long-term sexual partner or partners? That is, someone with whom you have been having sex at least monthly for a year or more. This could be a spouse or lover or someone else.	YES, HAVE ONE OR MORE REGULAR 1 NO REGULAR 2
Q28	The last time you had sex with a regular partner, did you use a condom or not?	YES 1 NO 2 NO REGULAR PARTNER 9
Q29	In total, including new sexual partners, regular partners, and any other partners, how many sexual partners have you had in the past 12 months?	NUMBER:
Q30	When was the last time you used a condom?	WITHIN THE PAST 24 HOURS 1
		WITHIN THE PAST WEEK 2
		WITHIN PAST 4 WEEKS 3
		WITHIN PAST 2-6 MONTHS 4
		WITHIN PAST 7-12 MONTHS 5
		OVER A YEAR AGO 6
		NEVER USED A CONDOM 7
Q31	Where did you get the last condom you used?	SHOP 1 PHARMACY 2 KIOSK 3 PARTNER HAD CONDOM 5 FROM A FRIEND 4 RECEIVED FREE OF CHARGE 6 OTHER 7 NEVER USED A CONDOM 9
Q32	Do you have a condom with you? *IF YES, May I see it?	CONDOM WITH ME BUT YOU CANT SEE 1 YES AND CONDOM SEEN 2 BRAND
		NO CONDOM WITH ME 3
Q33.1	Have you participated in educational programs about AIDS in last 12 months?	YES 1 NO 2
Q33.2	IF YES, How many months have passed since the last time you participated?	MONTHS AGO

No.	Questions				Coding ca	ategor	ies
Q33.3	Have you seen any condom community the past 12 months?	nercials in				YES	
						NO	2
Q33.4				IF Y	ES: BRAND	S SEI	ΕN
			1				
			2				
Q34	Are you currently employed?				YES, FULI	LTIME	1
			YES, OCCA	ASIONAL / F	PARTTIME V	NORK	2
			NC NC	NOTIOO	KING FOR V	NORK	3
				NO, LOO	KING FOR \		
Q35	Do you currently study?					YES	1
						NO	2
Q36	We also want to know what you the drug use in this area. In your opinicommon is injection drug use in the 'AREA' REFERS TO THE UNIT WINTERVIEW CONDUCTED.	ion, how iis area?	DOES	SOME' NOT	VERY COM WHAT COM VERY COM IR IN THIS A DON'T KN	MON MON REA	1 2 3 4 5
Q37	In your opinion, do people who inj socialize here at this place?	ect drugs			Y	ES	1
	Socialize here at this place:					NO	2
					DON'T KN	OW	3
Q38	Have you heard of any place in Ta where people who inject drugs cal used syringes for new?					YES NO	
Q39	Have you ever been to any of the between one and six months ago, ago?					year	
	ago:	Never	<4 weeks	1-6mo	7-12mo	>1	yr
	Private medical clinic	0	1	2	3	4	
	State medical clinic	0	1	2	3	4	
	Trust Point	0	1	2	3	4	
	TB Dispensary	0	1	2	3	4	

No.	Questions				Coding of	ategor	ies
	Emergency	0	1	2	3	4	
	Infection Hospital	0	1	2	3	4	
	Skin/Venerological Dispensary	0	1	2	3	4	
	Or talk with a:						
	Private venerological Doctor	0	1	2	3	4	
	Private narcological doctor	0	1	2	3	4	
	An outreach/social worker about injection drug use	0	1	2	3	4	
Q40	Are you married or living in union with someone?					YES NO	1 2
Q41	How many years of education did you receive?		ELEMENTARY	(UP TO 7 F	ORMS) OR I	NONE	1
	1.55557		INC	OMPLETE H	HIGH (8-9 FC	RMS)	2
					PUBLIC	HIGH	3
				SPECIA	L HIGH (TEC	CHNICA	٩L,
			PEI	DAGOGICAL	., MEDICAL,	ETC.)	4
				INCO	MPLETE HIC	SHER	5
					HIC	SHER	6
Q42	Now we would like to ask you some					VEO	
	questions about your own experience vinjecting drugs. Your answers are com			NEVED I	NJECTED D	YES	
	confidential. Have you ever injected dr				OON'T REME		
IF EVI	ER INJECTED DRUGS CONTINUE. IF N	IEVER	INJECTED DRU	GS, GO TO	Q53.		
Q43	IF YES, When did you last inject drugs	?		WIT	ΓΗΙΝ PAST 7	DAYS	3 1
α.σ	ze, ven dia yea laet inject alage	•		WITHIN	I PAST 2-4 V	VEEKS	2
	IF NO, CIRCLE CODE 9.			WITHIN I	PAST 2-3 MC	ONTHS	3
		ıc		WITHIN F	AST 4-6 MO	NTHS	4
	IF CODE 5 or higher (OVER 6 MONTHAGO) SKIP to Q53	10		WITHIN P	AST 7-12 MC	ONTHS	5 5
				(OVER A YEA	R AGO	0 6
				NEVER	INJECTED D	RUGS	9
Q44	With whom do you usually inject drugs	?				idually	
Q44				Usually w	vith the same	•	
	READ OPTIONS			-	/ith different o		
					s on circumst		

No.	Questions		Coding category	ories	
Q45	Which drug do you inject most often?		RAW OPIUM (HANKA)		
Q.0	without drug do you inject most often.		HERO		
			OTHER	3	
Q46a	Where did you get the syringe you last time you injected drugs?	used the	PHARMAC PURCHASED SOMEWHERE ELS TRUST POIN FRIEN OTHE DON'T KNOW/REMEMBE	SE 2 IT 3 D 4 R 5	
Q46b	Did you share a syringe the last tim injected drugs?	e you	NODON'T KNOW/REMEMBE		
Q47	During the last 4 weeks, did		YES NO		
	you		Share a syringe with other IDU 1 2 Take drugs from common reservoir 1 2	8 8	
	READ EACH QUESTION	l Ise read	Take drugs from common reservoir 1 2 y made drug solution without boiling 1 2	8	
		0301000	Exchange used for new syringe 1 2	8	
Q48	How many times did you inject drug yesterday? How many different syringes did yo yesterday?				
Q49	In the past four weeks, with about h different people did you share a syr		TOTAL:		
	Of those, how many were people you a syringe with for the first time?	ou shared	NEW:		
Q50	Can you get new syringes wheneve want?	er you	ALWAY SOMETIME NEVE	S 2	
Q51	IF 'SOMETIMES' or 'NEVER', why always? DO <u>NOT</u> PROMPT RESPONDENT		NO MONE EXCHANGE STATION TOO FAR AWA KIOSK OR DRUG STORE TOO FAR AWA POLICE MENAC I DON'T THINK IT IS NECESSARY TO GI NEW SYRINGE OTHER	Y 2 AY 3 E 4 ET S 5	

No.	Questions	Coding categories
		RESPONDENT 'ALWAYS' ABOVE 9
Q52	How long have you been injecting drugs?	NUMBER OF YEARS
	IF LESS THAN A YEAR, NUMBER OF MONTHS	NUMBER OF MONTHS
ASK O	F ALL RESPONDENTS, REGARDLESS OF RE	PORTED DRUG USE.
Q53	Have you ever been detained by the police for injecting drugs?	YES 1 NO 2
Q54	IF YES, Do you think your detainment was registered with the police?	YES 1 NO 2
Q55	Do you think you are currently registered with the police as a drug user?	YES 1 NO 2
	IF YES, When do you think you were registered as a drug user?	MONTHYEAR
Q56	Have you ever gone to a narcologist or a narcologist dispensary?	YES 1 NO 2
Q57	IF YES, Have you ever been registered with a narcology dispensary?	YES 1 NO 2
Q58	IF YES, Do you think you are currently registered with the narcologist dispensary? IF YES, when were you registered?	YES 1 NO 2 MONTH YEAR
are abo	s a growing health problem in Tashkent. It is impout how the virus that causes is transmitted. I would cause AIDS is transmitted.	ortant that we find out how knowledgeable people ald like to ask you your opinion about how the
Q59	Is it possible to become infected with HIV/AIDS through	YES NO DK Sexual contact without condom 1 2 8
	READ EACH QUESTION	Injecting drugs with shared syringe 1 2 8 Eating from common dish 1 2 8
		Swimming in common pool 1 2 8
		Insect bite 1 2 8
		Handshake 1 2 8

No.	Questions		Coding categories
Q60	What ways can people avoid or reduce their chances of getting infected with HIV? Any other ways? DO NOT READ OUT THE ANSWERS. CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	ВОТН	USE CONDOMS 1 HAVE FEWER PARTNERS 2 H PARTNERS HAVE NO OTHER PARTNERS 3 NO CASUAL SEX 4 NO SEX AT ALL 5 NO COMMERCIAL SEX 6 AVOID SHARING NEEDLES 7 AVOID BLOOD TRANSFUSIONS 8 OTHER (SPECIFY) 9
Q61	Can a person who looks healthy be i with the AIDS virus?	infected	YES 1 NO 2 DON'T KNOW 8
Q62	How many times have you been test in the last 12 months?	ted for HIV	NUMBER OF TIMES TESTED
Q63	The last time you were tested for HIV voluntary or obligatory? That is, was choice to be tested or were you oblig tested.	it your	VOLUNTARY 1 OBLIGATORY 2 NOT TESTED IN LAST 12 MONTHS 9
ASK V	VOMEN ONLY:		
Q64	Have you received money in exchan in the past 3 months? IF MALE, CIRCLE CODE 9.	ge for sex	YES 1 NO 2 MALE RESPONDENT 9
Q65	IF YES, How many different places h gone to look for clients in the last 4 v		
Q66	IF YES, Where in the city do you go clients? CAN RECORD UP TO 3 DISTRICT		PLACES AND THEIR CODES:
A CIV B	MENI ONI V		
ASK N	MEN ONLY:		
Q67	Have you given money or other gifts in exchange for sexual service in the months?		YES 1 NO 2

No.	Questions	Coding categories
	IF FEMALE, CIRCLE CODE 9.	DON'T REMEMBER 3
		FEMALE RESPONDENT 9
Q68	Have you had sex with a man in the past 4 weeks? IF FEMALE, CIRCLE CODE 9.	YES 1 NO 2 DON'T REMEMBER 3 FEMALE RESPONDENT 9

АНКЕТА КЛЮЧЕВОГО ИНФОРМАНТА

Nº	Вопросы		Категории кодирования
K1	Город		Алматы 1
1 ()	Город		Караганды 2
			Ташкент 3
			Ош 4
K2	Место проведения		
	интервью		Участок в городе
КЗ	Номер интервьюера		
K4	Дата (день, месяц, го,	д)	
K5	Пол ключевого инфор	оманта	МУЖСКОЙ 1
			ЖЕНСКИЙ 2
K6	Тип ключевого инфор	манта:	
			ВВЕДИТЕ КОД:
		ВОДИТЕЛЬ ТАКСИ 1	БАРМЕН/ОФИЦИАНТ 16
	ВОДИТЕЛЬ ОБЩЕСТ	ВЕННОГО ТРАНСПОРТА 2	БАРМЕП/ОФИЦИАПТ ТО РАБОТНИК ГОСТИНИЦЫ 17
		ДАЛЬНОБОЙЩИК 3	РАБОТНИК БАНИ/САУНЫ 18
	DAEOTHIAK (I I A)	КОММЕРЧЕСКОГО СЕКСА	TABOTTIVIK BALIVIOASTIBLE TO
	гавоттик (-ца)	(PKC) 4	БОМЖ 19
		КЛИЕНТ РКС 5	БЕЗРАБОТНЫЙ 20
		СУТЕНЕР 6	ИНОГОРОДНИЙ (-ЯЯ) 21
		CYTETIEF	ДВОРНИК 22
	п∩тре	БИТЕЛЬ ИНЪЕКЦИОННЫХ	УБОРЩИК (-ЦА) ПОДЪЕЗДОВ 23
	HOTEL	НАРКОТИКОВ 7	МОЛОДЕЖЬ 24
		TIAL KOTVIKOB T	житель общежития 25
	DAEOTHI	ИК НПО / ОБЩЕСТВЕННОЙ	ЖИТЕЛЬ РАЙОНА 26
	TABOTTI	ОРГАНИЗАЦИИ 8	
		РАБОТНИК СПИД ЦЕНТРА,	
		АРКОДИСПАНСЕРА, КВД 9	
		НИК СКОРОЙ ПОМОЩИ 10	ДРУГОЕ50
		ОНЕР / ПОЛИЦЕЙСКИЙ 11	
	•	ООХРАНЕНИЯ / АПТЕК 12	
	TABOTTIMIN OF ADV	OOM MILITINITATION 12	
	ПРОДАВЕІ	Ц ЛАРЬКА / МАГАЗИНА 13	
		РАБОТНИК НА БАЗАРЕ 14	
		•	

VITTAL II II II A	TODEODELL	4 -
уличныи	ТОРГОВЕЦ	15

Здравствуйте. Я представляю ФАКТ в Ташкенте и принимаю участие в исследовании по поиску мест, где необходимо осуществлять программы здравоохранения. Целью нашего исследования является определение мест, где люди встречают новых сексуальных партнеров, а также мест, где могут быть найдены потребители инъекционных наркотиков. СПИД пока еще не стал у нас большой проблемой, но он может стать ею, если люди не будут знать, как уменьшить шансы инфицирования. Я хотел (а) бы задать Вам несколько вопросов. Скажите, пожалуйста, названия и расположения мест, где люди встречают новых половых партнеров и где мы можем найти потребителей инъекционных наркотиков для осуществления программ по профилактике СПИДа. Нам не нужна информация о частных жилищах. Мы интересуемся только общественно доступными местами. После того, как Вы назовете эти места, мы посетим их и узнаем о возможности осуществления профилактических программ. На ответы Вы потратите от 5 до 15 минут. Мы не будем спрашивать Вашего имени. Мы не будем Вас беспокоить в будущем. Ваши ответы никоим образом на Вас не отразятся. Ваше участие полностью добровольно. Вы можете отказаться отвечать на отдельные вопросы и от интервью в целом. Некоторые вопросы могут Вас смутить. Возможно, Вы не получите прямую выгоду от исследования, но через несколько месяцев в Ташкенте начнется новая программа в сфере здравоохранения.

Если у Вас возникли какие-либо вопросы, Вы сможете связаться с ______, ответственной за проведение исследования, по тел. _____.

K7	Вы согласны отвечать на вопросы?	ДА 1
	*ЕСЛИ НЕТ, ПРЕКРАТИТЕ ИНТЕРВЬЮ.	HET 2
K8	Сколько Вам лет?	
	*ЗАВЕРШИТЕ ИНТЕРВЬЮ, ЕСЛИ РЕСПОНДЕНТ МЛАДШЕ 18 ЛЕТ	Точный возраст

Мы бы хотели узнать места, где люди проводят время с целью знакомства с новыми половыми партерами. Это поможет нам планировать там программы по профилактике СПИДа, и сделать доступными презервативы. Конкретно, мы бы хотели знать:

- В каких местах проводит время молодежь, где молодые люди могут познакомиться с новыми половыми партнерами?
- В каких местах можно встретить женщин или мужчин, предлагающих сексуальные услуги за вознаграждение?
- В какие места ходят одинокие мужчины, приезжие, сезонные рабочие, чтобы найти новых половых партнеров?
- В каких местах люди встречают новых половых партнеров в Вашем районе и вне этого района? В какие места Вашего района могут прийти люди из других районов для поиска новых половых партнеров.

Знаете ли Вы такие места?	
la	1
	2

K9

ЕСЛИ Да, то назовите такие места (А) в 10 минутах ходьбы отсюда, (Б) более 10 минут ходьбы отсюда.

ЗАПИШИТЕ НАЗВАНИЕ КАЖДОГО МЕСТА НА СТР 4. ПОСЛЕ ЗАВЕРШЕНИЯ ЭТОГО ВОПРОСНИКА ЗАПОЛНИТЕ ФОРМУ МЕСТА ДЛЯ КАЖДОГО УПОМЯНУТОГО МЕСТА.

	е наркотиков в Вашем районе? Имеет ли пионных наркотиков в этом районе?	ДА HET	1	
место употребление инъекс	·	HET	_	
	место употребление инъекционных наркотиков в этом районе?		2	
ктт — разпоследние 4 недели вид			1	
шприцы в Вашем районе?	ели ли вы выорошенные использованные	HET	2	
К12 В каких местах поблизости	отсюда можно найти использованные шпри	цы?		
ЗАПИШИТЕ НАЗВАНИЕ КА	ЖДОГО МЕСТА НА СТР 4. ПОСЛЕ ЗАВЕРЦ	ІЕНИЯ ЭТОГО		
ВОПРОСНИКА ЗАПОЛНИТІ	Е ФОРМУ МЕСТА ДЛЯ КАЖДОГО УПОМЯН	УТОГО МЕСТА.		
К13 В каких местах поблизости наркотиков?	В каких местах поблизости отсюда можно встретить потребителей инъекционных наркотиков?			
	ЗАПИШИТЕ НАЗВАНИЕ КАЖДОГО МЕСТА НА СТР 4. ПОСЛЕ ЗАВЕРШЕНИЯ ЭТОГО ВОПРОСНИКА ЗАПОЛНИТЕ ФОРМУ МЕСТА ДЛЯ КАЖДОГО УПОМЯНУТОГО МЕСТА.			
К14 Поблизости отсюда знакомя	ятся ли со своими клиентами женщины,	ПА	1	
оказывающие сексуальные	услуги?	ДА НЕТ	2	
К15 В каких местах могут быть н	найдены женщины, оказывающие сексуальн	ые услуги?		
	ЖДОГО МЕСТА НА СТР 4. ПОСЛЕ ЗАВЕРЦ Е ФОРМУ МЕСТА ДЛЯ КАЖДОГО УПОМЯН			
К16 Количество мест, указанных этом участке	х ключевым информантом на			
Количество мест, указанных	х ключевым информантом вне			

ПРЕДВАРИТЕЛЬНЫЙ СПИСОК СООБЩЕННЫХ МЕСТ. ИСПОЛЬЗУЯ ЭТОТ СПИСОК, СПРОСИТЕ РЕСПОНДЕНТА

ПОСЛЕ ТОГО, КАК ВЫ ПРИОРИТИЗИРОВАЛИ МЕСТА, ЗАПОЛНИТЕ ФОРМУ МЕСТА ДЛЯ КАЖДОГО МЕСТА, ЗАПИСАННОГО В СПИСКЕ

1	ходьбы . 1	машине 2	
2	. 1	2	3
3	. 1	2	3
4	_ 1	2	3
5	_ 1	2	3
6	. 1	2	3
7	. 1	2	3
8	. 1	2	3
9	. 1	2	3
10	_ 1	2	3

БЛАНК МЕСТА

S1	Город			Алматы 1			
				Караганды 2			
				Ташкент 3			
				Ош 4			
S2	Mooto sponosoung mutonou	10					
32	Место проведения интервы	oro		Номер участка			
00							
S3	Номер интервьюера / Номе	ер ключевого		/			
	информанта						
S4	Номер места в анкете						
S5	Название места и код						
00	газвание места и код						
				Код:			
S6	Названо как приоритетное	место					
30				в 10 минутах ходьбы отсюда 1			
			в 10 минутах На машине отсюда 2 более 3				
				oonee 5			
S7	Адрес этого места и как его	о найти					
S8	Где расположено это место	O					
				Номер участка			
S9	ТИП МЕСТА:						
	_			*ВВЕДИТЕ КОД :			
	01 БАР / КАФЕ / РЕСТОРА			введите код			
	02 НОЧНОЙ КЛУБ / ДИСКО 03 КАЗИНО	DIEKA		15 ТЕРРИТОРИЯ ШКОЛЫ			
	03 КАЗИНО 04 ГЕЙ КЛУБ			16 ТЕРРИТОРИЯ КОЛЛЕДЖА /			
	05 ГОСТИНИЦА			ПРОФЕССИОНАЛЬНОЙ ШКОЛЫ			
	06 БАНЯ / САУНА			17 ТЕРРИТОРИЯ ВУЗА			
	07 БИЛЬЯРДНЫЙ ЗАЛ/КЛУ	⁄Б					
	08 ИГРОВОЙ ЗАЛ			18 ЖЕЛЕЗНОДОРОЖНЫЙ ВОКЗАЛ			
	09 КОМПЬЮТЕРНЫЙ КЛУІ	5		19 АВТОВОКЗАЛ			
				20 ΑЭΡΟΠΟΡΤ			
10 ОБЩЕЖИТИЕ			21 СТОЯНКА ГРУЗОВИКОВ				
11 ЧАСТНАЯ КВАРТИРА/ДОМ				22 CTOЯНКА ТАКСИ			
12 ПОДВАЛ / ЧЕРДАК			23 УЛИЦА 24 ПОДЗЕМНЫЙ ПЕРЕХОД				
	13 ЛЕСТНИЧНАЯ ПЛОЩАД			24 ПОДЗЕМНЫЙ ПЕРЕХОД 25 РЫНОК			
	14 НЕИСПОЛЬЗУЕМОЕ / Б	РОШЕННОЕ ЗДА	HNE	26 ΠΑΡΚ / CKBEP			
	D 0=0111100=0	T		27 ДРУГОЕ			
S10	В этом месте		Пюди всти	да нет речают новых половых партнеров 1 2			
		Можно на		ителей инъекционных наркотиков 1 2			
		100000000000000000000000000000000000000	Можно найти использованные шприцы 1 2				
Можно встретить женщин, оказывающих сексуальные у			·				

ФОРМА ОЦЕНКИ МЕСТА

Номер

Nº	Вопросы		Категории кодирования
V1	Город		Д ЕМОТИ 1
			Алматы 1 Караганды 2
			Ташкент 3
			Ош 4
1 (0	ſ		Ош 4
V2	Расположение места		Код участка
			T
V3	Идентификационный списке	номер места в	
V4	Название места		
V5	Точный адрес		
VO			
V6	Укажите маршруты об	щественного	Метро
	транспорта, проходяц	цие рядом с этим	
	местом		Автобус
			Троллейбус
			Трамвай
			Маршрутное такси
V7	Результат проверки м	еста	МЕСТО НЕ НАЙДЕНО 0
			МЕСТО НАЙДЕНО, ПРОВЕДЕНО ИНТЕРВЬЮ 1 МЕСТО НАЙДЕНО, НО В ИНТЕРВЬЮ ОТКАЗАНО 2
			МЕСТО ВРЕМЕННО ЗАКРЫТО 3
			МЕСТА БОЛЬШЕ НЕТ 4
V8	ТИП МЕСТА:		
VO			*ВВЕДИТЕ КОД :
	01 BAP / KAΦE / PEC		15 TEDDIATODIAG IIIVOTILI
	02 НОЧНОЙ КЛУБ / Д 03 КАЗИНО	INCKOTEKA	15 ТЕРРИТОРИЯ ШКОЛЫ 16 ТЕРРИТОРИЯ КОЛЛЕДЖА /
	04 ГЕЙ КЛУБ		ПРОФЕССИОНАЛЬНОЙ ШКОЛЫ
	05 ГОСТИНИЦА		17 ТЕРРИТОРИЯ ВУЗА
	06 БАНЯ / САУНА		
	07 БИЛЬЯРДНЫЙ 3 <i>A</i> 08 ИГРОВОЙ ЗАЛ	ЛІ/КЛІЎЬ	18 ЖЕЛЕЗНОДОРОЖНЫЙ ВОКЗАЛ 19 АВТОВОКЗАЛ
	09 КОМПЬЮТЕРНЫ	й клуб	20 АЭРОПОРТ
			21 СТОЯНКА ГРУЗОВИКОВ
	10 ОБЩЕЖИТИЕ		22 СТОЯНКА ТАКСИ
	11 YACTHAЯ KBAPT		23 УЛИЦА
	12 ПОДВАЛ / ЧЕРДА	К ОЩАДКА / ПОДЪЕЗД	24 ПОДЗЕМНЫЙ ПЕРЕХОД Д 25 РЫНОК
	ДОМА	ощиции и под везр	26 ПАРК / CKBEP
	14 НЕИСПОЛЬЗУЕМ	ОЕ / БРОШЕННОЕ	

	ЗДАНИЕ	27 ДРУГОЕ		
V9	Номер интервьюера			
V10	Дата (ДЕНЬ/МЕСЯЦ)	/		
V11	День недели	ПОНЕДЕЛЬНИК 1 ВТОРНИК 2 СРЕДА 3 ЧЕТВЕРГ 4 ПЯТНИЦА 5 СУББОТА 6 ВОСКРЕСЕНЬЕ 7		
V12	Время начала интервью (ПО 24-ЧАСОВОЙ СИСТЕМЕ)	::		
V13	Количество людей находящихся на месте на момент прибытия интервьюера	МУЖЧИН: ЖЕНЩИН:		
V14	Количество использованных шприцев, обнаруженных интервьюером на месте			
V15	Пол респондента	МУЖСКОЙ 1 ЖЕНСКИЙ 2		
Здравствуйте. Я работаю в ФАКТ. Мы собираем информацию о том, где в городе необходимо осуществлять программы по здравоохранению. Поэтому я хочу задать Вам несколько вопросов об это месте и о людях сюда приходящих. Интервью займет у Вас от 15 до 30 минут. Я не буду спрашивать Вашего имени или любую другую информацию на Вас указывающую. Ваше участие является добровольным, и Вы можете не отвечать на отдельные вопросы или отказаться от интервью. Возможн Вы будете смущены некоторыми вопросами. Может быть Вы не получите прямой выгоды от настоященисследования, но данная Вами информация поможет в планировании программ по здравоохранению.				
этом мес		ашего города. Вся полученная информация об ном виде вместе с информацией из других мест. ие 17 лет.		
	иведены имя и контактный телефон человека вопросы, Вы можете обратиться к	, отвечающего за данное исследование. Если у , по тел.:		
V16	Вы согласны участвовать?	ДА 1 НЕТ 2		
V17	Сколько Вам лет? * ЗАВЕРШИТЕ ИНТЕРВЬЮ, ЕСЛИ РЕСПОНДЕНТ МЛАДШЕ 18 ЛЕТ	Точный возраст		
V18	Сколько лет прошло с тех пор, как оно	Менее одного года 0		
	стало местом для проведения времени?	От 1 до 2 лет 1		
		От 3 до 5 лет 2		
		От 6 до 10 лет — 4		
		Более 10 лет 4		

						НЕ ПР	PUMEHUN	10 9
	Чем здесь занимаются люди?					ДА	HET	30
V19						4/	''-'	00
	ПРОЧИТАЙТЕ СПИСОК				Пьют пиво	1	2	8
	ОБВЕДИТЕ ОДИН КОД ДЛЯ		•	е алкогольны		1	2	8
	КАЖДОГО ВИДА		Смо	трят телевиз		1	2 2	8
	деятельности			Спуша	Танцуют ют музыку	1	2	8
			Игры (ком	ипьютерные,		1	2	8
			Ρ (-		Едят	1	2	8
				Смотрят стр	иптиз шоу	1	2	8
V20	Мне сказали, что люди знакомят					ДА	HET	30
120	с половыми партнерами в места		жчины встре			,		
	подобных этому. Действительно	ли се	ксуальных па	іртнеров – же	енщин?	1	2	8
		ж	енщины встре	ечают злесь і	новых			
	ЗАЧИТАЙТЕ СПИСОК		ксуальных па		TODDIX.	1	2	8
			,					
		-	жчины встре				_	
		ce	ксуальных па	ртнеров – му	/жчин?	1	2	8
		Пс	могает ли кто	ว-ทพยุกนะ จนอ	сь пюлам			
			могает ли кто акомиться?	о-ниоудь зде	сь людям	1	2	8
							_	
V21	Знакомятся ли здесь женщины,						ı	ļа 1
	оказывающие сексуальные услу	ги, со						
	своими клиентами?						Н	ет 2
							Не зна	ю 8
V22	Если ДА,				Мен	ее олн	ого года	a 0
VZZ	Сколько лет прошло с того врем						о 2 лет	1
	в этом месте женщины, оказыва						о 5 лет	
	сексуальные услуги, начали иска	ать						
	клиентов?						10 лет	
							10 лет	4
							Не знан	<u>8</u>
ПРОЧИ	ТАЙТЕ: Давайте поговорим под р	обнее (тех, кто прі					
	На ваш взгляд, среди мужчин,		<u>Никто</u>	<u>Меньше</u>	<u>Поло-</u>	Болы		<u>очти</u>
1/22	приходящих сюда в "часы пик", ка	кую	<u> </u>	<u>ПОЛО-</u>	<u>вина</u>	ПОЛО		е/все
V23	часть составляют (a) Безработные		1	<u>вины</u> 2	3	<u>винь</u> 4	<u> </u>	5
	(b) Студенты		1	2	3	4		5
	(с) Младше 18 лет		1	2	3	4		5
	(d) Живут в 10 минутах ходьбы от	сюда	1	2	3	4		5
	(е) Жители этого района		1	2	3	4		5
	(f) Приходят сюда хотя бы раз в н		1	2	3	4		5
	(g) Пьют здесь алкогольные напит		1	2	3	4		5
	(h) Находят здесь новых половых партнеров		1	2	3	4		5
	(i) Вероятно являются людьми,							
	употребляющими инъекционные		1	2	3	4		5
	наркотики							

	На ваш взгляд, среди <u>женщин</u> ,	Никто	<u>Меньше</u>	Поло-	Больше		<u> ИТР</u>
	приходящих сюда в "часы пик", какую	1 WIKTO	<u>поло-</u>	вина	<u>поло-</u>	BCE	<u>е/все</u>
V24	часть составляют		<u>вины</u>		<u>вины</u>		
	(а) Безработные	1	2	3	4		5
	(b) Студенты	1	2	3	4		5
	(с) Младше 18 лет	1	2	3	4		5
	(d) Живут в 10 минутах ходьбы отсюда	1	2	3	4		5
	(е) Жители этого района	1	2	3	4		5
	(f) Приходят сюда хотя бы раз в неделю	1	2	3	4		5
	(g) Пьют здесь алкогольные напитки	1	2	3	4		5
	(h) Находят здесь новых половых партнеров	1	2	3	4		5
	(i) Вероятно являются людьми, употребляющими инъекционные наркотики	1	2	3	4		5
	Укажите, пожалуйста, "часы пик" типичные для данного места за последние два		Утро 6-11	День 11-17	Вечер 17-22		очь 2-6
	месяца?	ПН	1	2	3		4
		BT	1	2	3	_	4
V25	СПРОСИТЕ О ДНЯХ И ВРЕМЕНИ СУТОК	CP	1	2	3		4
	И ОТМЕТЬТЕ НУЖНЫЕ ВАРИАНТЫ	4T	1	2	3		4
	МОЖНО ОТМЕТИТЬ НЕСКОЛЬКО	ПТ	1	2	3		4
	OTBETOB	СБ	1	2	3	_	7 4
		BC	1	2	3	_	4
V26	Назовите, пожалуйста, максимальное количество мужчин, посещающих данное место в течение суток. Постарайтесь оценить общее количество мужчин, которые приходят от открытия до закрытия. ПРИ НЕОБХОДИМОСТИ, ЗАЧИТАЙТЕ ВАРИАНТЫ				Ę	11-2	00 5 00 6
V27	Назовите, пожалуйста, максимальное количество женщин, посещающих данное место в течение суток? Постарайтесь оценить общее количество женщин, которые приходят от открытия до закрытия. ПРИ НЕОБХОДИМОСТИ, ЗАЧИТАЙТЕ ВАРИАНТЫ				Ę	11-2 21-	00 6
V28	Укажите наиболее посещаемые периоды?					Да	Нет
					ЗИМА ВЕСНА ЛЕТО ОСЕНЬ ВДНИКИ ДРУГОЕ	1 1 1 1 1	2 2 2 2 2 2
		Укажите					

V29	Проводилась ли здесь какие-либо мероприятия/действия по профилактике	ДА 1
	СПИД?	HET 2
V30	Были ли здесь доступны презервативы в течение последних 12 месяцев?	ВСЕГДА 1 ИНОГДА 2 НИКОГДА 3
V31	Есть ли здесь сегодня в наличии презервативы? Если ДА, могу ли я их увидеть?	ДА, НО ВЫ НЕ МОЖЕТЕ ИХ УВИДЕТЬ 1 ДА, ПРЕЗЕРВАТИВЫ ПОКАЗАНЫ 2 НЕТ 3
	Назовите общее количество производителей?	КОЛИЧЕСТВО ПРОИЗВОДИТЕЛЕЙ ПРЕЗЕРВАТИВОВ:
V32	Можно ли ночью найти /купить презервативы недалеко от этого места (не более 10 минут ходьбы отсюда)?	ДА 1 HET 2 HE 3HAЮ 8
V33	Вы бы хотели, чтобы здесь были информационные материалы и/или осуществлялись образовательные мероприятия по профилактике СПИДа?	ДА 1 НЕТ 2 НЕ ПРИМЕНИМО 9
V34	Вы бы хотели, чтобы здесь продавались презервативы?	ДА 1 HET 2 НЕ ПРИМЕНИМО 9
V35	Что Вы думаете о проблеме наркомании в этом районе? Насколько распространено употребление наркотиков в этом районе?	ОЧЕНЬ РАСПРОСТРАНЕНО 1 ОТНОСИТЕЛЬНО РАСПРОСТРАНЕНО 2 НЕ ОЧЕНЬ РАСПРОСТРАНЕНО 3 ВООБЩЕ НЕТ В ЭТОМ РАЙОНЕ 4
V36	Видели ли Вы использованные иглы или шприцы внутри или около этого места за последние 3 месяца?	Да 1 Нет 2
V37	Встречаются ли в этом месте люди, употребляющие инъекционные наркотики?	Да 1 Нет 2

V38	Сколько времени прошло с тех пор, как в этом месте можно встретить людей,	Менее одного года	0
	употребляющих инъекционные наркотики	От 1 до 2 лет	1
	СПАСИБО ЗА ПОМОЩЬ, ДО СВИДАНИЯ!	От 3 до 5 лет	2
		От 6 до 10 лет	3
		Более 10 лет	4
		Не знаю	8
V39	Наблюдение: Признаки деятельности по профилактике СПИДа, замеченные	КОЛ-ВО ИМЕЮЩИХСЯ ПЛАКАТОВ (СПИД)	
	интервьюером на месте	КОЛ-ВО БРОШЮР НА УЧАСТКЕ (СПИД)	
		КОЛИЧЕСТВО ПРЕЗЕРВАТИВОВ, КОТОРОЕ	
		МОЖНО УВИДЕТЬ	

ИНДИВИДУАЛЬНАЯ АНКЕТА

		1 11		
Nº	Вопросы		Категории кодирован	ІИЯ
Q1	Название города		Алматы Караганды Ташкент Ош	2
Q2	Пол интервьюера и номер		Мужской Женский	1 2
			Индивидуальный номер интервьюера	
Q3	Последовательный номер индив интервью на месте	видуального		
Q4	Название и идентификационный места	і́ номер		
Q5	Дата (ДД/ММ/ГГ)		//	
Q6	Время суток (24-часовая систем	иа)	::	
Q7	Количество людей находящихся во время интервью	і на месте	МУЖЧИН:	
Q8	Количество потребителей инъекционных наркотиков и работниц коммерческого секса, находящихся на месте во время проведения интервью		ЖЕНЩИН: МУЖЧІ ИСИМЫХ И ПРЕДЛ. СЕКС. УСЛУГИ: О ПРЕДЛАГАЮЩИХ СЕКС. УСЛУГИ: ТОЛЬКО НАРКОЗАВИСИМЫХ:	
	(по мнению интервьюера)		 ЖЕНЩІ	ин
	ДАЙТЕ ПРИБЛИЗИТЕЛЬНУЮ	НАРКОЗАВ	ИСИМЫХ И ПРЕДЛ. СЕКС. УСЛУГИ:	
	ОЦЕНКУ		 О ПРЕДЛАГАЮЩИХ СЕКС. УСЛУГИ:	
		ТОЛЬКО НАРКОЗАВИСИМЫХ:		
Q9	Пол респондента		МУЖСКОЙ ЖЕНСКИЙ	1 2
Q10	Q10 Мнение интервьюера, является ли респондент наркозависимым или		ТОЛЬКО НАРКОЗАВИОМНОМ	1
			ТОЛЬКО ПРЕДОСТ. СЕКС. УСЛУГИ	2
	предоставляет сексуальные усл деньги	уги за	и то и другое	3
	ACIDIA		НИ ТО И НИ ДРУГОЕ	4

Nº	Вопросы		Категории кодирования		
Здравствуйте. Я работаю в ФАКТ. Мы собираем информацию для разработки и внедрения программ по здравоохранению, включая профилактические программы по СПИДу и другим заболеваниям. Для этого мы бы хотели задать Вам несколько вопросов относительно вашего поведения, включая несколько интимных вопросов о сексуальном поведении. Интервью продлится от 20 до 30 минут. Мы не будем спрашивать Вашего имени. Мы не будем Вас беспокоить в будущем. Ваши ответы никоим образом на Вас не отразятся. Ваше участие полностью добровольно. Вы можете отказаться отвечать на отдельные вопросы и от интервью в целом. Некоторые вопросы могут Вас смутить. Возможно, Вы не получите прямую выгоду от исследования, но полученная в ходе этого исследования информация поможет лучше спланировать и осуществлять программы по здравоохранению. Вся полученная информация будет анализироваться только в обобщенном виде вместе с ответами многих людей, которых мы опрашиваем.					
Если у	[.] Вас возникли какие-лі	· ибо вопросы, Вы сможете свя	заться с, ответственной за		
Провед Q11	дение исследования, п Вы согласны участво *ЕСЛИ НЕТ, ПРЕКРА	вать?	ДА 1 НЕТ 2		
Q12	Сколько вам лет? ПРЕКРАТИТЕ ИНТЕР РЕСПОНДЕНТ МЛАД				
Q13	Вы живете в Ташкенте? 13.1. Если ДА, то в каком микрорайоне или части города Вы проживаете? 13.2. Если за пределами	13.1.Микрорайон или часть	ДА 1 НЕТ 2 ЕСЛИ ДА: города Код		
	Ташкенте, то где? 13.3. Как далеко Вы живете от данного места (места опроса)? Расстояние:	13.2.	ТАШКЕНТ ОБЛАСТЬ 1 ДРУГАЯ ОБЛАСТЬ УЗБЕКИСТАНА 2 ДРУГАЯ СТРАНА СРЕДНЕЙ АЗИИ 3 ДРУГАЯ СТРАНА 4 10 минут ходьбы и меньше 1 Более 10 минут ходьбы 2		
Q14	Как долго Вы здесь /т	ам/ живете?	МЕНЕЕ ОДНОГО ГОДА 0 КОЛИЧЕСТВО ЛЕТ ВСЮ ЖИЗНЬ 97		
Q15	Сколько ночей Вы про за последние три мес	овели за пределами города сяца?	количество ночей:		

Q16	Как часто Вы приходите в это место?		КАЖДЫЙ ДЕНЬ	1
	ОБВЕДИТЕ ТОЛЬКО ОДИН ОТВЕТ		В РАЗ В НЕДЕЛЮ	2
			РАЗА В НЕДЕЛЮ I РАЗ В НЕДЕЛЮ	3
			З РАЗА В МЕСЯЦ	4 5
			Н РАЗ В МЕСЯЦ	6
		МЕНЕЕ ОДНОГО	•	7
			ПЕРВЫЙ ВИЗИТ	8
047	Kana B.,		ПЕРВЫЙ ВИЗИТ	1
Q17	Когда Вы пришли сюда впервые?	НЕ БОЛЕЕ 4	НЕДЕЛЬ НАЗАД	2
		НА БОЛЕЕ 2-6 M	ІЕСЯЦЕВ НАЗАД	3
		НА БОЛЕЕ 7-12 N	ІЕСЯЦЕВ НАЗАД	4
		БОЛЬ	ЕЕ ГОДА НАЗАД	5
Q18	Некоторые люди встречают новых сексуальных па	отнеров в местах	ДА	1
	подобных этому. Как Вы считаете, встречают ли лк	ди здесь новых	HET	
	сексуальных партнеров, то есть людей, с которыми занимались сексом?	они еще никогда не		_
Q19	Как вы считаете, сколько людей, из посетивших		Все или почти все	1
Q19	данное место за последние четыре недели,			
	являются потребителями инъекционных наркотиков?		Более половины	
			Около половины	3
	ЗАЧИТАЙТЕ ВАРИАНТЫ ОТВЕТОВ		Менее половины	4
	SAMITANTE BAPNANTBI OTBETOB		Немногие	5
			Никто	6
Q20	Вы когда-нибудь знакомились здесь с человеком,		ДА	1
	который стал Вашим новым сексуальным		HET	2
	партнером?			
Q21	Когда Вы в последний раз познакомились здесь с новым сексуальным партнером?		4 ЧАСОВ НАЗАД	1
	повым сексуальным партнером:	НЕ БОЛЕ	Е 7 ДНЕЙ НАЗАД	2
		НЕ БОЛЕЕ 2-4	НЕДЕЛЬ НАЗАД	3
		НЕ БОЛЕЕ 2-3 M	ІЕСЯЦЕВ НАЗАД	4
		НА БОЛЕЕ 4-6 M	ІЕСЯЦЕВ НАЗАД	5
		НЕ БОЛЕЕ 7-12 M	ІЕСЯЦЕВ НАЗАД	6
			ЕЕ ГОДА НАЗАД	7
		НИКОГДА НЕ ВСТРЕЧ	ІАЛ ЗДЕСЬ НОВОІ	0
			ПАРТНЕРА	9
Q22	Когда Вы в последний раз занимались сексом с		ДА	1
	<u>этим новым</u> партнером, пользовались ли Вы презервативом?		HET	2
	F		НЕ ПОМНЮ	3
		НИКОГДА НЕ ВСТРЕ	ЧАЛ ЗДЕСЬ НОВОІ ПАРТНЕРА	ГО 9

Q23	Сейчас я бы хотел спросить Вас о людях, с которыми Вы вступали в половые отношения за последние 4 недели. Вспомните, со сколькими разными людьми Вы занимались сексом за последние 4 недели?	ВСЕГО ЗА 4 НЕДЕЛИ
Q24	Сколько из этих людей являлись новыми половыми партнерами за последние 4 недели?	КОЛИЧЕСТВО НОВЫХ ПАРТНЕРОВ ЗА ПОСЛЕДНИЕ 4 НЕДЕЛИ
Q25	В последний раз, когда Вы занимались сексом с одним из этих <u>новых</u> партнеров, Вы пользовались презервативом?	ДА 1 HET 2
	ЕСЛИ ЗА ПОСЛЕДНИЕ 4 НЕДЕЛИ НЕ БЫЛО НОВЫХ ПАРТНЕРОВ, ОТМЕТЬТЕ КОД '9'	НЕ БЫЛО НОВЫХ ПАРТНЕРОВ ЗА ПОСЛЕДНИЕ 4 НЕДЕЛИ 9
Q26	Примерно сколько новых половых партнеров у Вас было в течение последних 12 месяцев?	НЕ БЫЛО НОВЫХ ПОЛОВЫХ ПАРТНЕРОВ 0 КОЛИЧЕСТВО
Q27	У Вас есть постоянный половой партнер(ы), то есть тот (те), с которым Вы вступали в половые отношения как минимум ежемесячно в течение	ДА, У МЕНЯ ЕСТЬ РЕГУЛЯРНЫЙ(Е) ПАРТНЕР(Ы) 1
	последнего года, или более? Это может быть супруг(а), любовник(ца) или кто-то еще.	НЕТ РЕГУЛЯРНОГО ПАРТНЕРА 2
Q28	Использовали ли Вы презерватив при последнем половом акте с Вашим постоянным половым партнером?	ДА 1 HET 2
	and the state of t	НЕТ ПОСТОЯННОГО ПАРТНЕРА 9
Q29	Сколько у Вас было половых партнеров, включая постоянных и новых, в течение последних 12 месяцев?	количество
Q30	Когда вы пользовались презервативом в	НЕ БОЛЕЕ 24 ЧАСОВ НАЗАД 1
	последний раз?	НЕ БОЛЕЕ НЕДЕЛИ НЕЗАД 2
		НЕ БОЛЕЕ 4 НЕДЕЛЬ НАЗАД 3
		НЕ БОЛЕЕ 2-6 МЕСЯЦЕВ НАЗАД 4
		НЕ БОЛЕЕ 7-12 МЕСЯЦЕВ НАЗАД 5
		БОЛЕЕ ГОДА НАЗАД 6
		НИКОГДА НЕ ПОЛЬЗОВАЛСЯ(ЛАСЬ) ПРЕЗЕРВАТИВОМ 7
Q31	Где Вы взяли презерватив, который	В МАГАЗИНЕ 1
	использовали в последний раз?	В АПТЕКЕ 2
		В КИОСКЕ 3
		ПРЕЗЕРВАТИВ БЫЛ У ПАРТНЕРА 4
		У ДРУГА 5
		ПОЛУЧИЛ БЕСПЛАТНО 6
		ДРУГОЕ 7
		НИКОГДА НЕ ПОЛЬЗОВАЛСЯ(ЛАСЬ) ПРЕЗЕРВАТИВОМ 9

Q32	У Вас есть с собой презерватив? *ЕСЛИ ДА, Могу я посмотреть?	ПРЕЗЕРВАТИВ ЕСТЬ, НО Я ЕГО НЕ ПОКАЖУ 1
	Zerri Ar i, mery missine i pere:	ДА, И ПРЕЗЕРВАТИВ ПОКАЗАН 2
		Производитель
		ПРЕЗЕРВАТИВА С СОБОЙ НЕТ 3
Q33	Принимали ли Вы участие в информационно- образовательных программах по проблеме СПИДа за последние 12 месяцев?	ДА 1 HET 2
	Сколько месяцев прошло после Вашего последнего участия в подобной программе?	КОЛИЧЕСТВО МЕСЯЦЕВ:
Q34	Работаете ли Вы в настоящее время?	ДА, ПОЛНАЯ ЗАНЯТОСТЬ 1
		ДА, СЛУЧАЙНАЯ РАБОТА / НЕПОЛНАЯ ЗАНЯТОСТЬ 2
		НЕТ, И НЕ ИЩУ РАБОТУ 3
		НЕТ, ИЩУ РАБОТУ 4
Q35	Учитесь ли Вы в настоящее время?	ДА 1
		HET 2
Q36	Мы бы так же хотели знать о том, что Вы	ОЧЕНЬ РАСПРОСТРАНЕНО 1
	думаете о потреблении наркотиков в этом районе. По Вашему мнению, как сильно	ОТНОСИТЕЛЬНО РАСПРОСТРАНЕНО 2
	распространено потребление инъекционных	НЕ ОЧЕНЬ РАСПРОСТРАНЕНО 3
	наркотиков в этом районе?	НЕ РАСПРОСТРАНЕНО ВООБЩЕ 4
	«РАЙОН» ОБОЗНАЧАЕТ УЧАСТОК, ГДЕ ПРОВОДИТСЯ ИНТЕРВЬЮ	НЕ ЗНАЮ 5
Q37	Как Вы считаете, приходят ли сюда люди, употребляющие инъекционные наркотики?	ДА 1
	употреоляющие инъекционные наркотики:	HET 2
		НЕ ЗНАЮ 3
Q38	Знаете ли Вы что-нибудь о месте (местах) в	ДА 1
	Ташкенте, где потребители инъекционных наркотиков могут обменять использованные шприцы на новые?	HET 2

Q39	Бывали ли Вы в следующих мес менее; от 1 до 6 месяцев; от 7 д				дний раз: 4 н	едели и	
		Никогда	4 недели и менее	От 1 до 6 месяцев	От 7 до 12 месяцев	Более го	
	Частная мед. клиника	0	1	2	3	4	
	Государственная поликлиника или больница	0	1	2	3	4	
	Пункт доверия	0	1	2	3	4	
	Туберкулезный диспансер	0	1	2	3	4	
	Скорая помощь	0	1	2	3	4	
	Инфекционная больница	0	1	2	3	4	
	Кожно-венерологический диспансер	0	1	2	3	4	
	Или прибегали к услугам:	1	ı	T	T		
	Частного венеролога	0	1	2	3	4	
	Частного нарколога	0	1	2	3	4	
	Социального работника, работающего с потребителями инъекционных наркотиков	0	1	2	3	4	
Q40	Состоите ли Вы с кем-либо в бр (зарегистрированном или незарегистрированном)?	аке				ДА HET	1 2
Q41	Ваш уровень образования?			НАЧАЛЫ	НОЕ (ДО 7 КЛ Н	АССОВ) И ИКАКОГО	
			НЕЗА	КОНЧЕННОЕ	СРЕДНЕЕ (8	-9 КЛАССС)В) 2
					(СРЕДНЕЕ	3
				СРЕДНЕЕ СПЕЦИАЛЬНОЕ 4			
				HE3AI	КОНЧЕНООЕ	ВЫСШЕЕ	5
						ВЫСШЕЕ	6
Q42	А теперь мы хотели бы задать Вам несколько					ДА	. 1
	вопросов о Вашем собственном опыте потребления инъекционных наркотиков. Ваши			НИКОГДА НЕ УПОТРЕБЛЯЛ ИНЪЕКЦИОННЫЕ НАРКОТИКИ 2			
	ответы будут сохранены в конфиденциальности. Вы когда-нибудь употребляли наркотики путем инъекций?			NHPEKL	иоппые па	ОТКАЗ	3
	ЕСЛИ ДА, ПРОДОЛЖИТЕ И	ІНТЕРВЬЮ. І	ЕСЛИ НЕТ, ПІ	ЕРЕХОДИТ Е	К ВОПРОСУ	53	

Q43	ЕСЛИ ДА: Когда Вы в последни употребляли наркотики путем и			НЕ БОЛЕЕ	7 ЛНЕЙ	НАЗАЛ	1
	ЕСЛИ НЕТ, ОБВЕДИТЕ КОД 9		НЕ Б	БОЛЕЕ 2-4 Н ОЛЕЕ 2-3 МЕ	НЕДЕЛЬ ЕСЯЦЕВ	НАЗАД НАЗАД	2
	ЕСЛИ КОД 5 ИЛИ ВЫШЕ (БОЛЕ НАЗАД) ПЕРЕХОДИТЕ К ВОПР				ЕСЯЦЕВ ЕЕ ГОДА АРКОТИІ	НАЗАД НАЗАД	5 6 EM
Q44	С кем Вы преимущественно упс инъекционные наркотики?	требляете			Индивид 	•	1
					тоянной учайной		2
	ПРОЧИТАЙТЕ ВАРИАНТЫ			Зависит от	•		4
Q45	Какие наркотики Вы принимаето инъекции наиболее часто?	е путем		ХАНКА (СІ	ырой о	ПИУМ)	1
					ГЕ	ЕРОИН	2
	ПРОЧИТАЙТЕ ВАРИАНТЫ		ДРУГОЕ				3
Q46A	Откуда был шприц, когда Вы уп наркотики путем инъекций в пос		ПОЛУЧИЛ В П ИСПОЛЬЗОВАЛ Ц	КУПИЛ В Д ІУНКТЕ ОБМ	ЕНА ШП ГА/ЗНАКО Д	МЕСТЕ РИЦЕВ	1 2 3 4 5
Q46B	В последний раз, когда Вы упот наркотики путем инъекций, поль Вы общей иглой или шприцем?			HE 3HA	√Ю/НЕ П	ДА HET ОМНЮ	1 2 9
Q47	За последние 4 недели Вам	Полимороти од	<u></u>	ДА	HET	Не зн	аю
	доводилось ПРОЧИТАЙТЕ КАЖДЫЙ		общим шприцем іми потребителями	1	2	8	
	ВОПРОС	Забирать нарк емкости	отики из общей	1	2	8	
		Пользоваться раствором без	готовым его кипячения	1	2	8	
		Обменивать использованный шприц на новый 1 2		8			
Q48	Сколько раз Вы употребляли ин наркотики вчера?	тъекционные					
	Сколько разных шприцов Вы ис вчера?	пользовали					

Q49	Со сколькими людьми Вам пришлось пользоваться общим шприцем за последние	ВСЕГО:
	четыре недели? С кем из них Вы делали это впервые?	
	С кем из них вы делали это впервые :	КОЛИЧЕСТВО НОВЫХ:
Q50	Вы можете достать новый шприц в любой момент, когда Вам это необходимо?	ВСЕГДА 1 ИНОГДА 2 НИКОГДА 3
Q51	ЕСЛИ «ИНОГДА» или «НИКОГДА», то почему не всегда?	НЕТ ДЕНЕГ 1 ПУНКТ ОБМЕНА ШПРИЦИОВ НАХОДИТСЯ ДАЛЕКО 2
	ВАРИАНТЫ НЕ ПРЕДЛАГАТЬ	КИОСК ИЛИ АПТЕКА НАХОДЯТСЯ ДАЛЕКО 3 БОЯЗНЬ ПОЛИЦИИ 4 НЕ СЧИТАЮ НЕОБХОДИМЫМ ПРИОБРЕТАТЬ НОВЫЕ ШПРИЦЫ 5
		ДРУГОЕ 6 РЕСПОНДЕНТ ОТВЕЧАЛ ТОЛЬКО «ВСЕГДА» 9
Q52	Сколько лет Вы употребляете инъекционные наркотики?	КОЛИЧЕСТВО ЛЕТ
		КОЛИЧИЕСТВО МЕСЯЦЕВ
СПР	АШИВАТЬ У ВСЕХ РЕСПОНДЕНТОВ НЕЗАВИО ИЛИ	СИМО ОТ ТОГО, ПОТРЕБЛЯЮТ ОНИ НАРКОТИКИ НЕТ
Q53	Вас когда-нибудь задерживала полиция за потребление инъекционных наркотиков?	ДА 1 HET 2
Q54	ЕСЛИ ДА, как Вы считаете, было ли Ваше задержание зарегистрировано?	ДА 1 HET 2
Q55	ЕСЛИ ДА, как Вы считаете, в настоящее время Вы состоите на учете в полиции как наркопотребитель?	ДА 1 HET 2
	ЕСЛИ ДА, с какого времени Вы состоите на учете в полиции как наркопотребитель?	
		МЕСЯЦ, ГОД
Q56	Вы когда-нибудь обращались или Вас приводили к наркологу или в наркологический диспансер?	ДА 1 HET 2
Q57	ЕСЛИ ДА, то Вы когда-нибудь состояли на учете в наркологическом диспансере?	ДА 1 HET 2
Q58	ЕСЛИ ДА, в настоящее время Вы состоите на учете в наркологическом диспансере?	ДА 1
	ЕСЛИ ДА, с какого времени Вы состоите на учете в наркологическом диспансере?	НЕТ 2 МЕСЯЦ , ГОД
		, год,

	ема СПИДа в Ташкенте становит i о ВИЧ/СПИДе и путях его перед	цачи. По					
Q59	Можно ли заразиться СПИДом				Да	Нет	Не знаю
	ПРОЧИТАЙТЕ КАЖДЫЙ ВОПК		При пол презерв	ювом контакте без атива	1	2	8
				треблении наркотиков шприцом	1	2	8
			•	ьзовании общей посуды ема пищи	1	2	8
			При куп	ании в общем бассейне	1	2	8
		_	При уку	се насекомого	1	2	8
			При рук	опожатии	1	2	8
Q60	Как можно снизить риск или избежать заражения ВИЧ инфекцией /СПИДом? Какие способы Вы знаете? НЕ ЗАЧИТЫВАЙТЕ ОТВЕТЫ. ОБВЕДИТЕ ВСЕ ДАННЫЕ ОТВЕТЫ. ОТВЕТОВ МОЖЕТ БЫТЬ БОЛЬШЕ ОДНОГО.	ИСПОЛЬЗОВАТЬ І ИМЕТЬ НЕБОЛЬШОЕ КОЛИЧЕСТВО П ОБА ПАРТ СОХРАНЯТЬ ВЕРНОО ИЗБЕГАТЬ СЛУЧАЙНЫХ ПО ОТКАЗАТЬСЯ ОТ ОТКАЗАТЬСЯ ОТ УСЛУГ КОММЕРЧ ИЗБЕГАТЬ СОВМЕСТНОГО ИО ИЗБЕГАТЬ ПЕРЕЛ		ТВО ПОЛО ПАР ПАРТНЕР РНОСТЬ ДОТ СЕКО МЕРЧЕСЬ ТО ИСПО	ОВЫХ ТНЕРОВ РА ДОЛЖН ДРУГ ДРУ ВЫХ СВЯЗ СА ВООБ КОГО СЕН ЛЬЗОВАН ШПРИL	2 НЫ ГГУ 3 ЗЕЙ 4 ЩЕ 5 ССА 6 ИИЯ ЦЕВ 7 ОВИ 8	
Q61	Может ли человек, имеющий здоровый вид, быть инфицированным ВИЧ/СПИДом?					HE 3	ДА 1 НЕТ 2 НАЮ 3
Q62	Сколько раз вы проверялись на ВИЧ/СПИД за последние 12 месяцев?		СПИД	КОЛ	ИЧЕСТВО) TECTOE	
Q63	Ваша последняя проверка на СИПД/ВИЧ была добровольной или обязательной (по направлению)? То есть, было ли это Вашим выбором или Вас к этому обязали?		ЗА ПОСЛЕДНИЕ 12 МІ	OE	БРОВОЛЬ БЯЗАТЕЛЬ НЕ ПРОВ	ьная 2	

вопр	ОСЫ ТОЛЬКО ДЛЯ ЖЕНЩИН:	
Q64	Вступали ли Вы в сексуальные отношения за деньги или другое материальное вознаграждение в течение последних 3 месяцев? ЕСЛИ РЕСПОНДЕНТ МУЖЧИНА,	ДА 1 НЕТ 2 РЕСПОНДЕНТ-МУЖЧИНА 9
Q65	ОТМЕТЬТЕ КОД 9	
Qoo	ЕСЛИ ДА, укажите, пожалуйста, количество мест, где Вы искали клиентов в течение последних четырех недель.	
Q66	ЕСЛИ ДА, укажите места, где Вы искали клиентов.	Место:
ВОПР	□ ОСЫ ТОЛЬКО ДЛЯ МУЖЧИН:	
Q67	Платили ли Вы кому-нибудь деньги или делали материальное вознаграждение в другой форме за сексуальные услуги в течение последних 3 месяцев?	ДА 1 НЕТ 2 НЕ ПОМНЮ 3
	ЕСЛИ РЕСПОНДЕНТ ЖЕНЩИНА, ОБВЕДИТЕ КОД 9	РЕСПОНДЕНТ-ЖЕНЩИНА 9
Q68	Занимались ли Вы сексом с мужчиной в течение последних 4-х недель?	ДА 1
	ЕСЛИ РЕСПОНДЕНТ ЖЕНЩИНА, ОБВЕДИТЕ КОД 9	НЕТ 2 НЕ ПОМНЮ 3
		РЕСПОНДЕНТ-ЖЕНЩИНА 9

СПАСИБО ЗА ВАШУ ПОМОЩЬ!

Appendix 3 – Follow-up Questionnaires

KEY INFORMANT CHARACTERISTICS - CAR 2003

No.	Questions	Coding categories
		Almaty 1
		Karaganda 2
K1	Assessment City	Tashkent 3
		Osh 4
K2	Location of Interview	
		UNIT in city:
K3	Interviewer Number / Key Informant Number	/
K4	Date	
		//
K5	Gender of Key Informant	MALE 1
		FEMALE 2
	Type of Key Informant:	ENTER CODE:
K6	TAXI DRIVER 01	
	PUBLIC TRANSPORTATION DRIVER 02	BARMEN/WAITERS 16
	LONG DISTANCE TRUCK DRIVERS 03	HOTEL STAFF 17
	SEX WORKER 04	SAUNA STAFF 18
	CLIENT OF SEX WORKER 05	LIOMEL FOO 40
	PIMP 06	HOMELESS 19
		UNEMPLOYED 20 NEW ARRIVALS/ TEMPORARY 21
	INJECTION DRUG USER 07	STREET CLEANERS 22
	NON-GOVERNMENTAL ORG (NGO) STAFF 08	STAIRWELL CLEANER 23
	WORKERS OF AIDS CENTER, NARCOLOGICA	FLAT OWNERS COOP PERSONNEL 24
	DISPENSARY, VENEROLOGICAL CLINIC 09	YOUTH 25
	MEDICAL PERSONNEL 10	DORMITORY RESIDENT 26
	POLICE OFFICER 11	RESIDENT OF AREA 27
	HEALTH CARE/ PHARMACY WORKER 12	RESIDENT OF AREA 21
	MINI-MARKET /SHOP SELLER 13	
	SELLERS AND WORKERS IN MARKET 14 STREET VENDOR 15	OTHER 50
	STILL VENDOR 13	

No.	Questions	Coding categories		
Hello. I am working for FACT in Tashkent on a study to identify where better health programs are needed in the city. The purpose of the study is to find out where people go to meet new sexual partners and to find out where people who inject drugs can be found. AIDS doesn't seem to be a big problem yet in this area, but it could become a big problem if people don't learn about how to reduce the chances they will get infected. I would like to ask you a few questions. We want you to tell us the names and locations of places where people meet new sexual partners and where we can reach drug injectors for prevention programs. We don't want to know the names of any private residences. We are just interested in public places. If you tell us where these places are then we will visit those places to see if they want to have a health program there. Telling us the names and locations of sites should take between 5 and 15 minutes. We won't ask your name or ask you to provide any identifying information. You will not be contacted in the future. Your answers cannot be linked back to you. Your participation is completely voluntary and you may refuse to answer any question or completely refuse to participate. You may be embarrassed by the questions. You may not personally benefit directly from this study, but in a few months a new health program will be carried out in this city. The name and phone number of the person in charge of this study are on this piece of paper. If you have any questions you can contact at				
K7	Are you willing to participate? *IF NO, STOP INTERVIEW.	YES 1 IF NO, STOP INTERVIEW. NO 2		
K8	How old are you? *STOP INTERVIEW IF RESPONDENT IS YOUNGER THAN 18			
K9	We want to know where people socialize with the intention of meeting a new sexual partner. This will help us plan AIDS prevention programs there and have condoms available. We especially want to know: Where youth socialize and meet new sexual partners Where women or men sell sex Where other people such as single men, gay men, temporary residents, migrant workers, go to find new sexual partners. Where people in this unit go to meet new partners in this unit and in other units. We also want to know where people from outside the unit come to meet new sexual partners in this unit. Where people in this unit go to meet new partners in the unit come to meet new sexual partners in this unit. Where people from outside the unit come to meet new sexual partners in this unit. Where people in this unit go to meet new partners in the unit come to meet new sexual partners in this unit. Where people from outside the unit come to meet new sexual partners in this unit. Where people in this unit go to meet new partners in this unit and in other units. We also want to know where people from outside the unit come to meet new sexual partners in this unit. Where people in this unit go to meet new partners in this unit and in other units. We also want to know where people from outside the unit come to meet new sexual partners in this unit. Where people in this unit go to meet new partners in this unit and in other units. We also want to know where people from outside the unit come to meet new sexual partners. Where people in this unit go to meet new partners in this unit and in other units. We also want to know where people from outside the unit come to meet new sexual partners.			
K10	We also want to know what you think about drug use around here. Does injecting drug use occur here (in this unit)?	YES 1 NO 2		

No.	Questions	Coding categories
K11	Have you seen any syringes around here in the last 4 weeks?	YES 1 NO 2
K12	Where can syringes be found around here? *WRITE EACH PLACE NAMED ON THE LIST ON THE NEXT PAGE. AFTER FINISHING THIS QUESTIONNAIRE, FILL OUT A PLACE REPORT FORM FOR EACH PLACE.	
K13	Where can injecting drug users be found around here? *WRITE EACH PLACE NAMED ON THE LIST ON THE NEXT PAGE. AFTER FINISHING THIS QUESTIONNAIRE, FILL OUT A PLACE REPORT FORM FOR EACH PLACE.	
K14	Do sex workers look for customers around here?	YES 1 NO 2
K15	Where can sex workers be found? *WRITE EACH PLACE NAMED ON THE LIST ON THE NEXT PAGE. AFTER FINISHING THIS QUESTIONNAIRE, FILL OUT A PLACE REPORT FORM FOR EACH PLACE.	
K16	Number of places named within 10 minute walk of interview location.	
	Number of places named further than a 10 minute walk of interview location.	

LIST PLACES NAMED ON LINES BELOW.

For each site named by the Respondent, CIRCLE "1" If the site is located within a 10 minute walk of here and "2" if it is further than a 10 minute walk from here.

1	walk from here	Further than 10 minute walk from here 2
2	_ 1	2
3	1	2
4	1	2
5	1	2
6	. 1	2
7	. 1	2
8	. 1	2
9	. 1	2
10	_ 1	2

KEY INFORMANT REFUSAL FORM - CAR 2003

No.	Questions	Coding categories
K1	Assessment City	Almaty 1 Karaganda 2 Tashkent 3 Osh 4
K2	Location of Interview	UNIT in city:
K3	Interviewer Number	
K4	Date	/
K5	Gender of Key Informant	MALE 1 FEMALE 2
K6	Type of Key Informant: TAXI DRIVER 01 PUBLIC TRANSPORTATION DRIVER 02 LONG DISTANCE TRUCK DRIVERS 03 SEX WORKER 04 CLIENT OF SEX WORKER 05 PIMP 06 INJECTION DRUG USER 07 NON-GOVERNMENTAL ORG (NGO) STAFF 08 WORKERS OF AIDS CENTER, NARCOLOGICA DISPENSARY, VENEROLOGICAL CLINIC 09 MEDICAL PERSONNEL 10 POLICE OFFICER 11 HEALTH CARE/ PHARMACY WORKER 12 MINI-MARKET /SHOP SELLER 13 SELLERS AND WORKERS IN MARKET 14 STREET VENDOR 15	BARMEN/WAITERS 16 HOTEL STAFF 17 SAUNA STAFF 18 HOMELESS 19 UNEMPLOYED 20 NEW ARRIVALS/ TEMPORARY 21 STREET CLEANERS 22 STAIRWELL CLEANER 23 FLAT OWNERS COOP PERSONNEL 24 YOUTH 25 DORMITORY RESIDENT 26 RESIDENT OF AREA 27 DIFFICULT TO VERIFY TYPE OF INFORMANT 30

PLACE REPORT FORM 2003

S1	Accomment	Almaty 1
51	Assessment	Karaganda 2
		Tashkent 3
		Osh 4
S2	Location of Interview	UNIT
S3	Interviewer Number / Key Informant Number	
S4	Key Informant / Place Report Number	
S5	Name of place	
S6	Location of place relative to	Within 10 minute walk of here 1
50	site of key informant interview. The site is	Further than 10 minute walk from here 2
S7	Address of place and how to find it.	
S8	Where is the place located? In what unit?	UNIT in city (CODE 1-85):
S9	TYPE OF PLACE:	*ENTER CODE:
	01 BAR/CAFÉ/RESTAURANT 02 NIGHTCLUB/DISCO 03 CASINO 04 GAY CLUB 05 HOTEL 06 SAUNA 07 BILLIARDS 08 GAME CLUB 09 COMPUTER CLUB 10 DORMITORY 11 PRIVATE APARTMENT/FL/ 12 BASEMENT/ROOF 13 STAIRWELLS 14 UNUSED/ ABANDONED BI	25 MARKET 26 PARK
S10	Is this a place where	YES NO People meet sexual partners 1 2 Drug Injectors can be found 1 2 Syringes are lying around 1 2
		Sex workers solicit 1 2

SITE VERIFICATION FORM 2003

Unique Place Number:

No.	Questions	Coding Categorie	es
V1	City	Almaty Karaganda Tashkent Osh	1 2 3 4
V2	Location of Site	UNIT CODE:	_
V3	List ID Number		_
V4	How many key informants reported this site?		_
V5	Name of Place		-
V6	Correct Street Address		
V7	Is this site within a 10 minute walk of READ LIST CIRCLE ONE CODE FOR EACH ACTIVITY	YES N A busy road 1 Public transportation stop 1 A trucking route 1 metro stop 1	1O 2 2 2 2
V8	TYPE OF SITE: 01 BAR/CAFÉ/RESTAURANT 02 NIGHTCLUB/DISCO 03 CASINO 04 GAY CLUB 05 HOTEL 06 SAUNA 07 BILLIARDS 08 GAME CLUB 09 COMPUTER CLUB 10 DORMITORY 11 PRIVATE APARTMENT/FLAT 12 BASEMENT/ROOF 13 STAIRWELLS 14 UNUSED/ ABANDONED BUIL 15 SCHOOL 16 COLLEGE/PROFESSIONAL 17 UNIVERSITY CAMPUS/TUTO	LDING SCHOOL	_

No.	Questions	Coding Categories	
V9	Interviewer Number		
V10	Date (DD/MM/YY)		
V11	Day of the week	MONDAY 1 TUESDAY 2 WEDNESDAY 3 THURSDAY 4 FRIDAY 5 SATURDAY 6 SUNDAY 7	
V12	Time of day (24 HOUR CLOCK)	:	
V13	Number socializing upon interviewer arrival at place	MEN: WOMEN:	
V14	Number of used syringes observed by interviewer at the sit		
V15	Gender of respondent	MALE 1 FEMALE 2	
Hello. I am working on a study to identify where better health programs are needed in the city. I woulke to ask you some questions about this place and the people who come here. The interview should take between 15 and 30 minutes of your time. I won't ask your name or any other identifying information Your participation is completely voluntary and you may refuse to answer any question or completely refuse to participate. There are no risks to participating but it is possible you may be embarrassed by the questions. You may not benefit directly from this research but the information may help in planning bett health program. This is what we will do with the information you give us. We are asking people these questions at hundreds of places in the city. Your answers will be combined with information about other places like the and will not be reported about this place alone. Your name will not be recorded anywhere and we won't ask any information about you except to make sure you are over 17. The name and phone number of the person in charge of this study are on this piece of paper. If you have any questions you can contact at tel no			
V16	Do you agree to participate?	YES 1 NO 2	
V17	How old are you? *CONCLUDE INTERVIEW IF RESPONDENT IS YOUNGER THAN 18.		

No.	Questions	Coding Categories			
V18	How many years has this place been in operation as a place w people can pass time?	1 TO 2 YEARS 1 3 TO 5 YEARS 2			
		6 TO 10 YEARS 3 MORE THAN TEN YEARS 4 NOT APPLICABLE 9			
V19	Which types of activities take p here? READ LIST CIRCLE ONE CODE FOR EAC ACTIVITY	Beer Consumed 1 2 8 Hard Alcohol Consumed 1 2 8 TV Or Video Viewing 1 2 8			
V20	I have been told that people socialize at places like this and meet sexual partners here. READ LIST	Do men meet new female sexual partners here? 1 2 8 Do women meet new sexual partners here? 1 2 8 Do men meet male (gay) sexual partners? 1 2 8 Does someone onsite facilitates partnerships? 1 2 8 Do staff meet new sexual partners here? 1 2 8			
V21	Do female sex workers solicit customers here?	YES 1 NO 2 DON'T KNOW 8			
V22	IF YES, For how many years h female sex workers solicited customers here?	LESS THAN A YEAR 0 1 TO 2 YEARS 1 3 TO 5 YEARS 2 6 TO 10 YEARS 3 MORE THAN TEN YEARS 4 DON'T KNOW 8			
READ:	READ: Let's talk in more details about people who come here during the busiest times.				

No.	Questions					Cod	ding Categories
V23	Among men who come here during the busiest times how many do you think are:				None	Some	Most
	(j) Are Unemployed				0	1	2
	(k) Are Students				0	1	2
	(I) Are < Age 18				0	1	2
	(m) Live within a 10 minute walk of h	nere			0	1	2
	(n) Live outside this unit				0	1	2
	(o) Come by car or taxi				0	1	2
	(p) Come by public transportation				0	1	2
	(q) Come here at least once a week	(0	1	2
	(r) Drink alcohol here				0	1	2
	(s) Find a new sexual partner while	they are here	•		0	1	2
	(t) Appear to be injection drug user	S			0	1	2
	(u) Appear to be buying sex (clients	5)			0	1	2
	(v) Are homosexual				0	1	2
V24	Among <u>women</u> who come here durin times how many do you think are:	ng the busies	t		None	Some	Most
	(a) Are Unemployed				0	1	2
	(b) Are Students				0	1	2
	(c) Are < Age 18				0	1	2
	(d) Live within a 10 minute walk of here				0	1	2
	(e) Live outside this unit				0	1	2
	(f) Come by car or taxi				0	1	2
	(g) Come by public transportation				0	1	2
	(h) Come here at least once a week	(0	1	2
	(i) Drink alcohol here				0	1	2
	(j) Find a new sexual partner while	they are here	9		0	1	2
	(k) Appear to be injection drug user	s			0	1	2
	(I) Appear to be selling sex				0	1	2
V25	During a typical week in the last	MON	6-	11am	11am- 5pm	5-10p	6am
	two months, what were the busiest time(s) here?	MON TUES		<u>1</u> 1	2	3	4
		WED		1	2	3	4
	PROBE FOR DAYS AND TIMES OF DAY. MORE THAN ONE	THURS FRI		1	2 2	3	4 4
	ANSWER ALLOWED FOR EACH	SAT		1	2	3	4
	DAY.	SUN		1	2	3	4

No.	Questions	Coding Categories
V26	Approximately how many people	<10 1
	(men and women) come here during one of these busy times?	251 200 0
		301-350 9
	READ OPTIONS, CIRCLE ONE CODE	351-400 10 51-100 4
		401-450 11 101-150 5
		451-500 12 151-200 6
		201-250 7 >500 13
V27	During the most recent busy time	
	about how many men and wome were socializing here?	women:
		YES NO
V28	What are the busiest times of the	WINTER 1 2
	year?	SPRING 1 2
	CAN MARK YES FOR MORE THAN ONE OPTION	SUMMER 1 2
	THAN ONE OF HON	AUTUMN 1 2
		HOLIDAYS 1 2
1/00	Llava thana ayan baan any	
V29	Have there ever been any HIV/AIDS prevention activities a	t YES 1
	this place?	NO 2
		IF YES: What types?
V29.1	Circle all that apply	Lectures/Seminars 1
		Pamphlets/ Leaflets 2
		Posters 3
		Distribution of Syringes 4
		Condom Distribution 5
		Other 6
V30	In the last 12 months, how often	
V 30	In the last 12 months, how often have condoms been available	ALWAYS 1
	here?	SOMETIMES 2
		NEVER 3
		DON'T KNOW 8
V31.1	Are there any condoms here today?	YES, BUT YOU CANT SEE ONE 1
	If YES, can I see one?	YES, AND A CONDOM WAS SEEN 2

No.	Questions	Coding Categories
V31.2	If YES, how many different brands	NO 3
V31.2	of condoms?	NUMBER OF BRANDS:
V31.3	What brands?	Brands seen:
		Favorite 1
	Circle all that apply	Durex 2
		Pilotos 3
		Two to Tango 4
		Innotex 5
		Vizit 6
		Lifestyle 7
		Context 8
		Desire 9
		Gold Circle 10
		Indian/No Brand 11
		Other 12 No condom seen 99
		No condom seem 99
V32	Is it possible for someone to find a	
102	condom within 10 minutes of	YES 1
	leaving this place at night?	NO 2
		DON'T KNOW 8
V33	Would you be willing to sell	YES 1
	condoms here?	NO 2
		NOT APPLICABLE 9
		NOTAL EIGNEEL S
V34	We also want to know what you	VERY COMMON 1
	think about drug use in this unit. How common is injection drug use	SOMEWHAT COMMON 2
	in this unit?	NOT VERY COMMON 3
		DOES NOT OCCUR IN THIS AREA 4
V35	Have you seen used syringes lying around inside or outside this place	YES 1
	in the past 3 months?	NO 2
V36	le this a place where drug injectors	
V 30	Is this a place where drug injectors can be found?	YES 1
		NO 2

No.	Questions	Coding Categorie	es
V37	IF YES, For how many years he this been a place where drug injectors can be found?	1 TO 2 YEARS 3 TO 5 YEARS 6 TO 10 YEARS MORE THAN TEN YEARS	0 1 2 3 4 8
V38	Observation: Evidence of AIDS educational activities noted by interviewer at the site	NUMBER OF AIDS POSTERS DISPLAYED NUMBER OF AIDS BROCHURES AT SITE NUMBER OF CONDOMS VISIBLE	_

SITE VERIFICATION REFUSAL FORM 2003

Unique Place Number:

No.	Questions		Coding Categories
B1	City		Almaty 1 Karaganda 2 Tashkent 3 Osh 4
B2	Location of Site		UNIT CODE:
В3	List ID Number		
B4	How many key informants reported this site?		
B5	Name of Place		
В6	Correct Street Address		
В7	Outcome of place verification	PL	PLACE NOT FOUND / INCORRECT ADDRESS 1 PLACE FOUND BUT NOT WILLING RESPONDENT 2 PLACE CLOSED TEMPORARILY 3 ACE CLOSED PERMANENTLY / NO LONGER A PLACE 4 PLACE ALREADY NAMED / DUPLICATE 5
B8	TYPE OF SITE: 01 BAR/CAFÉ/RESTAURANT 02 NIGHTCLUB/DISCO 03 CASINO 04 GAY CLUB 05 HOTEL 06 SAUNA 07 BILLIARDS 08 GAME CLUB 09 COMPUTER CLUB 10 DORMITORY 11 PRIVATE APARTMENT/FI 12 BASEMENT/ROOF 13 STAIRWELLS 14 UNUSED/ ABANDONED	LAT	*ENTER CODE: 16 COLLEGE/PROFESSIONAL SCHOOL 17 UNIVERSITY CAMPUS/TUTORIAL INSTITUTE 18 RAILWAY STATION 19 LONG DISTANCE BUS STATION 20 AIRPORT 21 TRUCK STOP/STAND 22 TAXI STAND 23 STREET 24 STREET TUNNEL 25 MARKET 26 PARK 27 OTHER (specify):
B9	Interviewer Number		
B10	Date (DD/MM/YY)		/

QUESTIONS FOR RESPONSIBLE PERSON AT SITE 2003

No.	Questions	Coding Categories			
	D1 THROUGH D5 ARE TO BE COMPLETED BY FIELD COORDINATOR BEFORE THIS FORM IS GIVEN TO THE INTERVIEWER.				
D1				ALMATY	1
	Name of HTA		KARAGANDA	2	
				TASHKENT	3
				OSH	4
D2	Site Number				
D3	Date (DD/MM/YYYY)			//	
D4	Site Name				
D5	Correct Address				
D6	We would like to give the name and a groups <specify organizations<="" td=""><td>S AND GROUPS> that</td><td></td><td>YES, I HAVE AUTHORITY</td><td>1</td></specify>	S AND GROUPS> that		YES, I HAVE AUTHORITY	1
	plan AIDS prevention programs in this		СО	ULD NOT FIND A PERSON WI	ТН
		have the authority to approve giving the name and s of this site to groups so that they can include this site AIDS prevention program planning?			V 2
	IF THE PERSON DOES NOT HAVE CONCLUDE INTERVIEW AND TRY SOMEONE WHO HAS THE AUTHOR				
ASK TI	ASK THE FOLLOWING QUESTIONS TO SOMEONE WITH AUTHORITY.				
D7	Would you be willing to have a person from a local AIDS prevention program talk with you about including this site in a new AIDS			YES, WILLING	3 1
	prevention program in this area?			NC	2
D8		uld someone from an organization that distributes condoms tact you about possibly having condoms available at this site?			3 1
contact year about possibly maving contactine available at time one.				NC	2
D9	May we give your name to these groups as a contact person?			YES, NAME	∄ 1
	IF YES:NAME:			NC	2

QUESTIONNAIRE FOR INDIVIDUALS SOCIALIZING AT SITES 2003

No.	Questions	Coding categories
Q1	Name of City	Almaty 1
		Karaganda 2
		Tashkent 3
		Osh 4
Q2	Interviewer Gender and Number	MALE 1
		FEMALE 2
		INTERVIEWER ID NUMBER:
Q3	Individual Interview Consecutive Number at site	
Q4	Name of site and Unique Identification Number	
		UNIQUE ID NUMBER:
Q4.1	Location of Site	Primary Sampling Unit:
Q5	Date (DD/MM/YY)	/
Q6	Time of day (24 hour clock)	::
	NOTE: Fill in at the start of each interview	
Q7	Number socializing at place before interview	MEN:
	NOTE: Fill in at the start of each interview	WOMEN:
Q8	Gender of respondent	MALE 1 FEMALE 2
Q9	Interviewer opinion if respondent is IDU and/or CSW	IDU ONLY 1 CSW ONLY 2 BOTH IDU AND CSW 3 NEITHER 4

No.	Questions		Coding categories		
like to a The int future. Your parefuse questic health	Hello. I am working on a study to identify where better health programs are needed in the city. I would take to ask you some questions about your behavior, including sexual behavior and other risky behaviors. The interview should take between 20 and 30 minutes of your time and you will not be contacted in the uture. I won't ask your name or any other identifying information. Your answers will be kept confidential. Your participation is completely voluntary and you may refuse to answer any question or completely efuse to participate. There are no risks to participating but it is possible you may be embarrassed by the questions. You may not benefit directly from this research but the information may help in planning better health programs.				
only ide		cific	our answers will be recorded on a paper that address will not be recorded anywhere. We are city.		
	me and phone number of the person in chargestions you can contact		this study are on this piece of paper. If you have at tel no		
Q10	Do you agree to participate? *IF NO, STOP INTERVIEW		YES 1 NO 2		
Q11	How old are you? *STOP INTERVIEW IF YOUNGER THAN 1	8			
Q12	Do you live in Tashkent? 12.1 IF YES: What microrayon do you live in?	YES NO 12.1	2		
	12.2 IF OUTSIDE Tashkent: • Where?		TASHKENT OBLAST 1 OTHER OBLASTS OF UZBEKISTAN 2 LIVES ELSEWHERE IN CENTRAL ASIA 3 LIVES OUTSIDE OF CENTRAL ASIA 4		
	12.3How far away do you live from this place (place of interview)?		Distance: 10 minute walk or less 1 Further than 10 minute walk 2		

No.	Questions	Coding categories
Q13	How long have you lived in here / there?	LESS THAN ONE YEAR 0 NUMBER OF YEARS ALL MY LIFE 97
Q14	How many nights in the past three months have you slept outside Tashkent?	NUMBER OF NIGHTS:
Q15	How often do you come to this place?	EVERYDAY 1
	CIRCLE ONLY ONE RESPONSE.	4-6 TIMES PER WEEK 2 2-3 TIMES PER WEEK 3 ONE TIME PER WEEK 4 2-3 TIMES PER MONTH 5 ONE TIME PER MONTH 6 LESS THAN ONCE A MONTH 7 THIS IS MY FIRST VISIT 8
Q16	In the past seven days and nights, including today, how many days did you come here?	Enter Number From 1-7:
Q17	When did you come to this place the first time?	THIS IS MY FIRST VISIT 1 WITHIN PAST 4 WEEKS 2 WITHIN PAST 2-6 MONTHS 3 WITHIN PAST 7-12 MONTHS 4 OVER A YEAR AGO 5
Q18	How did you come to this site today?	Walked 1 By Car 2 By Public Transportation 3
Q19	Some people meet new sexual partners at places like this. Do you believe that people meet new sexual partners here? That is, people they have never had sex with before.	YES 1 NO 2
Q20	Why did you come to this site today? READ OPTIONS	YES NO TO DRINK ALCOHOL? 1 2 TO MEET A SEXUAL PARTNER? 1 2 TO SOCIALIZE WITH FRIENDS? 1 2
Q21	Have you ever met a new sexual partner here?	YES 1 NO 2

No.	Questions	Coding categories
Q22	When did you last meet a new sexual partner here?	WITHIN 24 HOURS 1 WITHIN PAST 7 DAYS 2 WITHIN PAST 2-4 WEEKS 3 WITHIN PAST 2-3 MONTHS 4 WITHIN PAST 4-6 MONTHS 5 WITHIN PAST 7-12 MONTHS 6 OVER A YEAR AGO 7
Q23	The last time you had sex with this <u>new</u> partner from this place, did you use a condom?	YES 1 NO 2 DON'T REMEMBER 3
Q24	Now I want to ask you about the people you had sex with in the past 4 weeks. How many different people have you had sex with in the past 4 weeks?	4 WEEK TOTAL
Q25	How many of these people were <u>new</u> sexual partners for you in the <u>past 4 weeks</u> ?	4 WEEK NEW
Q26	The last time you had sex with one of these new partners, did you use a condom or not?	YES 1 NO 2 NO NEW PARTNERS IN PAST 4 WEEKS 9
Q27	If NO, why did you not use a condom with your last new partner? DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.	Partner protested 1 do not like condoms 2 I trust my partner 3 I am afraid my partner suspects me 4 Another contraceptive 5 Condoms are too expensive 6 Did not have them at hand 7 Condoms do not protect against STDs /AIDS 8 Low quality condoms / condoms break 9 Other10
Q28	In the past <u>four weeks</u> , how often did you use condoms with new sexual partners?	Always 1 Sometimes 2 Never 3 No new partners in past 4 weeks 9

No.	Questions	Coding categories	
Q29	About how many new sexual partners have you had in the past 12 months?	NONE- NO NEW SEXUAL PARTNERS 0 NUMBER	
Q30	Do you have any regular long-term sexual partner or partners? That is, someone with whom you have been having sex at least monthly for a year or more. This could be a spouse or lover or someone else.	YES, HAVE ONE OR MORE REGULAR 2	
Q31	The last time you had sex with a regular partner, did you use a condom or not?	YES 1 NO 2	
Q32	Have you ever had a condom break in the past 12 months?	Yes 1 No 2 I don't use condoms 3 No partners in the past 12 months 4	
Q33	In total, including new sexual partners, regular partners, and any other partners, how many sexual partners have you had in the past 12 months?	NUMBER:	
Q34	Of these people you had sex with in the past 12 months, what is the age of the youngest and oldest person you had sex with in the past 12 months? IF ONLY ONE PARTNER, MARK SAME AGE IN OLDEST AND YOUNGEST. ESTIMATE AGE IF NECESSARY. CODE 97 IF NO PARTNERS IN PAST 12 MONTHS.	YOUNGEST:	
Q35	When was the last time you used a condom?	WITHIN THE PAST 24 HOURS 1 WITHIN THE PAST WEEK 2 WITHIN PAST 4 WEEKS 3 WITHIN PAST 2-6 MONTHS 4 WITHIN PAST 7-12 MONTHS 5 OVER A YEAR AGO 6 NEVER USED A CONDOM 7	

No.	Questions	Coding categories		
Q36	Where did you get the last condom you used?	SHOP 1		
		PHARMACY		
		KIOSK 3		
		PARTNER HAD CONDOM	4	
		FROM A FRIEND	5	
		RECEIVED FREE OF CHARGE	6	
		BAR/NIGHTCLUB/RESTAURANT/HOTEL	7	
		OTHER	8	
007	What broad of the last condens you and	Favorite 1 Context	8	
Q37	What brand of the last condom you used?	Durex 2 Desire	9	
		Pilotos 3 Gold Circle	10	
		Two to Tango 4 Indian/No Brand	11	
		Innotex 5 Other	12	
		Vizit 6 Don't Remember / Do	n't	
		Lifestyle 7 Know	13	
020	De very have a condern with year?			
Q38	Do you have a condom with you?	CONDOM WITH ME BUT YOU CAN'T SEE	1	
	*IF YES, May I see it?	YES AND CONDOM SEEN 2		
		NO CONDOM WITH ME	3	
Q38.1	IF CONDOM SEEN, BRAND:	Favorite	1	
	Can circle more that one brand, if multiple	Durex	2	
	brands seen.	Pilotos	3	
		Two to Tango	4	
		Innotex	5	
		Vizit	6	
		Lifestyle	7	
		Context	8	
		Desire	9	
		Gold Circle	10	
		Indian / No Brand	11	
		Other	12	
Q39	In your opinion, what do you think is a reasonable price (in Som) for a condom?	Sc	om	

No.	Questions	Coding categories	
Q40	Have you heard or seen any information about HIV/AIDS in the last 12 months?	YES 1 NO 2	
Q40.1	If YES, From what source did you receive this information about the HIV/AIDS virus?	YES NO	
	READ OPTIONS.	TV 1 2	
		Radio 1 2	
		Newspapers/Magazines 1 2	
		Leaflets/Posters 1 2	
		Friend or relative 1 2	
		Doctor/health worker 1 2	
		In education places (school) 1 2	
		Outreach Worker 1 2	
		Other12_	
		YES, FULLTIME 1	
Q41	Are you currently employed?	YES, OCCASIONAL / PARTTIME WORK 2	
		NO, NOT LOOKING FOR WORK 3	
		NO, LOOKING FOR WORK 4	
Q42	Do you currently study?	YES 1	
		NO 2	
Q43	Are you married or living in union with	YES 1	
	someone?	NO 2	
Q44	How many years of education did you	ELEMENTARY (UP TO 7 FORMS) OR NONE 1	
	receive?	INCOMPLETE HIGH (8-9 FORMS) 2	
		PUBLIC HIGH 3	
		SPECIAL HIGH (TECHNICAL,	
		PEDAGOGICAL, MEDICAL, ETC.) 4	
		INCOMPLETE HIGHER 5	
		HIGHER 6	
Q45	We also want to know what you think about	VERY COMMON 1	
	drug use in this area. In your opinion, how	SOMEWHAT COMMON 2	
	common is injection drug use in this area?	NOT VERY COMMON 3 DOES NOT OCCUR IN THIS AREA 4	
	'AREA' REFERS TO THE UNIT WHERE INTERVIEW CONDUCTED.	DOES NOT OCCUR IN THIS AREA 4 DON'T KNOW 5	

No.	Questions	Coding categories
Q46	In your opinion, do people who inject drugs socialize here at this place?	YES 1 NO 2
		DON'T KNOW 3
Q47	Have you heard of any place in Tashkent where people who inject drugs can exchange used syringes for new?	YES 1 NO 2
Q48	Now we would like to ask you some questions about your own experience with injecting drugs. Your answers are completely confidential. Have you ever injected drugs?	YES 1 NEVER INJECTED DRUGS 2 REFUSED TO ANSWER 3
IF EVE	ER INJECTED DRUGS CONTINUE. IF NEVER IN	JECTED DRUGS, GO TO Q60.
Q49	IF YES, When did you last inject drugs?	WITHIN PAST 7 DAYS 1 WITHIN PAST 2-4 WEEKS 2
	IF NO, CIRCLE CODE 9.	WITHIN PAST 2-3 MONTHS 3
	IF CODE 5 or higher (OVER 6 MONTHS AGO)	WITHIN PAST 4-6 MONTHS 4
	SKIP to Q60	WITHIN PAST 7-12 MONTHS 5 OVER A YEAR AGO 6
Q50	With whom do you usually inject drugs? READ OPTIONS	Individually 1 Usually with the same group 2 With different groups 3 Depends on circumstances 4
Q51	Which drug do you inject most often?	RAW OPIUM (HANKA) 1
QUI	which drug do you inject most often:	HEROIN 2
		OTHER3
Q52	Where did you get the syringe you used the last time you injected drugs?	PHARMACY 1 PURCHASED SOMEWHERE ELSE 2 TRUST POINT 3
		FRIEND 4
		OTHER 5
		DON'T KNOW/REMEMBER 6
Q53	Did you share a syringe the last time you	YES 1
	injected drugs?	NO 2 DON'T KNOW/REMEMBER 3

No.	Questions		Codi	ng cate	ego	ries
Q54	During the last 4 weeks, did		Share a syringe with other IDU	YES N	10 2	DK 8
	you		Take drugs from common reservoir			8
	READ EACH QUESTION	Use read	y made drug solution without boiling			8
		0001000	Exchange used for new syringe		2	8
Q55	How many times did you inject d yesterday? How many different syringes did yesterday?					
Q56	In the past four weeks, with about different people did you share a	ut how many	TO	ΓAL: _		
	Of those, how many were people a syringe with for the first time?	e you shared	N	EW: _		
Q57	Can you get new syringes when want?	enever you ALWAYS SOMETIMES NEVER		3 2		
Q58	IF 'SOMETIMES' or 'NEVER', why not always?		N EXCHANGE STATION TOO F	O MON		
	DO <u>NOT</u> PROMPT	KIOSK OR DRUG STORE TOO FAR AWAY				
	RESPONDENT.	POLICE MENACE				
		DON'T THINK	T IS NECESSARY TO GET NEW S	YRING	SES	5
			OTHER			6
Q59	How long have you been injecting	ıg drugs?	NUMBER OF YEA	ARS _		
	IF LESS THAN A YEAR, NUMB MONTHS	ER OF	NUMBER OF MON	THS _		
ASK C	OF ALL RESPONDENTS, REGAR	DLESS OF RE	PORTED DRUG USE.			
Q60	Have you ever been detained by injecting drugs?	en detained by the police for YES 1 NO 2				
Q61	IF YES, Do you think your detainment was registered with the police?		tainment was YES 1			
Q62	Do you think you are currently registered with the police as a drug user? IF YES, When do you think you were registered as a drug user?		MONTH		NO	1 2

No.	Questions	estions Co		
Q63	Have you ever gone to a narcologist or a narcologist dispensary for injecting drugs?		YES 1 NO 2	
Q64	IF YES, Have you ever been registern narcology dispensary as a drug user		YES 1 NO 2	
Q65	IF YES, Do you think you are curren registered with the narcologist dispe a drug user? IF YES, when were you registered?		YES 1 NO 2 MONTH YEAR	
Q66	Do you think that HIV/AIDS is a problem in Alamty?		SERIOUS PROBLEM 1 SOMEWHAT OF A PROBLEM 2 NOT A PROBLEM AT ALL 3 DON'T KNOW 4	
are abo			ortant that we find out how knowledgeable people ald like to ask you your opinion about how the	
Q67	Is it possible to become infected with HIV/AIDS through READ EACH QUESTION	1	Sexual contact without condom 1 2 8 Injecting drugs with shared syringe 1 2 8 Eating from common dish 1 2 8 Swimming in common pool 1 2 8 Insect bite 1 2 8 Handshake 1 2 8	
Q68	What ways can people avoid or reduce their chances of getting infected with HIV? Any other ways? DO NOT READ OUT THE ANSWERS. CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	USE CONDOMS 1 HAVE FEWER PARTNERS 2 BOTH PARTNERS HAVE NO OTHER PARTNERS 3 NO CASUAL SEX 4 NO SEX AT ALL 5 NO COMMERCIAL SEX 6 AVOID SHARING NEEDLES 7 AVOID BLOOD TRANSFUSIONS 8 OTHER (SPECIFY)		
Q69	In your opinion, how effective are condoms in preventing STIs including HIV?		DON'T KNOW ANY 10 Very effective 1 Somewhat effective 2 Not very effective 3 No effective at all 4 Don't know 5	

No.	Questions	Coding categories
Q70	In your opinion, how likely do you think you are	Very likely 1
α. σ	of contracting the HIV/AIDS virus?	Somewhat likely 2
		Not very likely 3
		No risk 4
		Don't know 5
Q71	Can a person who looks healthy be infected	YES 1
	with the AIDS virus?	NO 2
		DON'T KNOW 3
		Center of AIDS 1
Q72	Where in Tashkent can a person have blood drawn from a vein an HIV test?	Venerological/Dermatological Dispensary 2
		Clinic / Hospital 3
		Don't Know 4
		Other5
Q73	How many times have you had blood drawn	NUMBER OF TIMES TESTED
Q10	from your vein for an HIV test in the last 12 months?	Not tested in last 12 months 0
Q74	The last time you were tested for HIV,	VOLUNTARY 1
	was it voluntary or obligatory? That is, was it your choice to be tested or were you obliged to be tested.	OBLIGATORY 2
Q75	Last time you were tested for HIV, did you receive explanation about ways of transmission and other information about HIV (counseling)?	YES 1 NO 2
Q76	Would you be interested in getting an HIV test voluntarily if it will be anonymous?	YES 1 NO 2
Q77	Have you ever heard of diseases or infections that can be transmitted through sexual intercourse (STDs)?	YES 1 NO 2

No.	Questions		Coding categories
Q78	If YES: What signs and symptoms would lead you to think that someone has such a disease or infection? Any others?	LOWER ABDOMINAL PAIN DISCHARGE FROM VAGINA (WOMAN) /PENIS (MAN) 2 ITCHING IN GENITAL AREA 3 BURNING PAIN ON URINATION 4	
	(CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.)	PAIN DURING INTERCOURSE GENITAL ULCERS/OPEN SORES INFLAMMATION IN GENITAL AREA BLOOD IN URINE FAILURE TO PASS URINE LOSS OF WEIGHT	
		INABILITY TO	CONCEIVE (WOMAN) / IMPOTENCE (MAN) 11 NO SYMPTOMS 12 DON'T KNOW 13 REFUSED 14 OTHER (SPECIFY)15
ASK V	NOMEN ONLY:		
Q79	Have you received money in the past 3 months?	exchange for sex	YES 1 NO 2 Respondent is male 9
Q80	IF YES, How many different gone to look for clients in the		
Q81	IF YES, Where in the city do look for clients? CAN RECORD UP TO 3 DIS	, , ,	Code of Units:
Q82	Last time you received mone sex, did you use a condom?		YES 1 NO 2
Q83	If YES, who suggested using	g a condom?	Myself 1 My partner 2 My partner and I 3 Do not remember 4

No.	Questions		Coding categories	
Q84	If NO, why did you not use a condom?		Partner protested 1 I do not like condoms 2 I trust my partner 3 I am afraid my partner suspects me 4 Another contraceptive 5 Condoms are too expensive 6 Did not have them at hand 7 Condoms do not protect against STDs/AIDS 8 Low quality condoms / condoms break 9 Other 10	
Q85	In the past 4 weeks, have you had any symptoms		SYMPTOMS Pal pain (not dependent on menstruation)? Unusual discharge? 1 Sores? 1 2	
Q86	IF ANY SYMPTOMS: Did you receive treatment for these symptoms in the past 4 weeks from	YES NO SELF TREATMENT? 1 : PRIVATE PHYSICIAN OR CLINIC? 1 : PUBLIC CLINIC OR HOSPITAL? 1 : DID NOT RECEIVE TREATMENT? 1 :		
ASK N	IEN ONLY:			
Q87			ne YES 1 NO 2 DON'T REMEMBER 3 Respondent Women 9	
Q88	Have you had sex with a man in the past 4 weeks?		YES 1 NO 2 DON'T REMEMBER 3	
Q89	In the past 4 weeks, have you had		SYMPTOMS YES NO Pain on urination? 1 2 Unusual discharge? 1 2 Sores? 1 2	
Q90	IF ANY SYMPTOMS: Did you receive treatment for these symptoms in the past 4 weeks from		YES NO SELF TREATMENT? 1 2 PRIVATE PHYSICIAN OR CLINIC? 1 2 PUBLIC CLINIC OR HOSPITAL? 1 2 DID NOT RECEIVE TREATMENT? 1 2	

АНКЕТА КЛЮЧЕВОГО ИНФОРМАНТА 2003 г

Nο	Вопросы		Категории кодирования
K1			Алматы 1
	Город		Караганды 2
			Ташкент 3
			Ош 4
K2	Место проведения		Участок в городе
	интервью		У пасток в тородо
К3	Номер интервьюера /	Номер ключевого информанта	
K4	Дата (день, месяц, го	д)	/
K5			МУЖСКОЙ 1
	Пол ключевого ин	форманта	ЖЕНСКИЙ 2
K6	Тип ключевого инфор	манта:	ВВЕДИТЕ КОД:
		ВОДИТЕЛЬ ТАКСИ 1	
		ВЕННОГО ТРАНСПОРТА 2	
	водинель овщест	ДАЛЬНОБОЙЩИК 3	БАРМЕН/ОФИЦИАНТ 16 РАБОТНИК ГОСТИНИЦЫ 17
		дальновойщик з	РАБОТНИК БАНИ/САУНЫ 18
	РАБОТНИК (-ША)	КОММЕРЧЕСКОГО СЕКСА	1 ABOTTIVIK BATIVITOATTIBLE TO
	.,	(PKC) 4	БОМЖ 19
		КЛИЕНТ РКС 5	БЕЗРАБОТНЫЙ 20
		СУТЕНЕР 6	ИНОГОРОДНИЙ (-ЯЯ) 21
			ДВОРНИК 22
	ПОТРЕ	БИТЕЛЬ ИНЪЕКЦИОННЫХ	УБОРЩИК (-ЦА) ПОДЪЕЗДОВ 23
		НАРКОТИКОВ 7	РАБОТНИК КСК 24
			МОЛОДЕЖЬ 25
	РАБОТНІ	ИК НПО / ОБЩЕСТВЕННОЙ	ЖИТЕЛЬ ОБЩЕЖИТИЯ 26
		ОРГАНИЗАЦИИ 8	ЖИТЕЛЬ РАЙОНА 27
		РАБОТНИК СПИД ЦЕНТРА,	
		КОДИСПАНСЕРА, КОЖНО- ЧЕСКОГО ДИСПАНСЕРА 9	
		НИК СКОРОЙ ПОМОЩИ 10	
	МИЛИЦИС	ОНЕР / ПОЛИЦЕЙСКИЙ 11	ДРУГОЕ50
	РАБОТНИК ЗДРАВ	ООХРАНЕНИЯ / АПТЕК 12	
	ПРОДАВЕ	Ц ЛАРЬКА / МАГАЗИНА 13	
	· ·	РАБОТНИК НА БАЗАРЕ 14	
		УЛИЧНЫЙ ТОРГОВЕЦ 15	

Nº	Вопросы	Категории кодирования			
где опред встре не бу Пожа може СПИД досту осущ спрац Вас н вопро прям	Здравствуйте. Я представляю в ФАКТ в Ташкенте и принимаю участие в исследовании по поиску мест, где требуется осуществлять программы здравоохранения. Целью нашего исследования является определение мест, где люди могут найти новых сексуальных партнеров, а также мест, где можно встретить потребителей инъекционных наркотиков. СПИД может стать большой проблемой, если люди не будут знать, как уменьшить риск инфицирования. Я хотел (а) бы задать Вам несколько вопросов. Пожалуйста, назовите и укажите адреса мест, где люди встречают новых половых партнеров, и где мы можем найти потребителей инъекционных наркотиков для осуществления программ по профилактике СПИДа. Нам не нужна информация о частных жилищах. Мы интересуемся только общественно доступными местами. После того, как Вы назовете эти места, мы посетим их и узнаем о возможности осуществления профилактических программ. На ответы Вы потратите от 5 до 15 минут. Мы не будем спрашивать Вашего имени. Мы не будем Вас беспокоить в будущем. Ваши ответы никоим образом на Вас не отразятся. Ваше участие полностью добровольно. Вы можете отказаться отвечать на отдельные вопросы и от интервью в целом. Некоторые вопросы могут Вас смутить. Возможно, Вы не получите прямую выгоду от исследования, но через несколько месяцев в Ташкенте начнется новая программа в сфере здравоохранения.				
	•	пибо вопросы, Вы сможете связ в проведение исследования.	аться с по) тел в	
K7		отвечать на вопросы?		ДА 1	
	*ЕСЛИ НЕТ, ПРЕКРАТИТЕ ИНТЕРВЬЮ.				
K8	Сколько Ва	Сколько Вам лет?			
	*ЗАВЕРШИТЕ	ИНТЕРВЬЮ, ЕСЛИ	Точн	ный возраст	
	РЕСПОНДЕН	Г МЛАДШЕ 18 ЛЕТ			
К9	партерами. Эдоступности по В каки с новы В каки услуги В каки новых В каки этого для по К9А. Знаете ла	 Мы бы хотели узнать места, посещаемые людьми с целью знакомства с новыми половыми партерами. Это поможет в планировании программ по профилактике СПИДа и увеличении доступности презервативов. Конкретно, мы бы хотели знать: В каких местах проводит время молодежь, где молодые люди могут познакомиться с новыми половыми партнерами? В каких местах можно встретить женщин или мужчин, предлагающих сексуальные услуги за вознаграждение? В какие места ходят одинокие мужчины, приезжие, сезонные рабочие для поиска новых половых партнеров? В каких местах люди встречают новых половых партнеров в Вашем районе и вне этого района? В какие места Вашего района могут прийти люди из других районов для поиска новых половых партнеров. К9А. Знаете ли Вы такие места? Да			
K10		те о проблеме наркотиков в Ваг		ДА 1	
		бление инъекционных наркотикс	·	HET 2	
К11	За последние шприцы в Вац	4 недели видели ли Вы выброц цем районе?	зенные использованные	ДА 1 HET 2	

Nº	Вопросы	росы Категории ко					
K12		х поблизости отсюда можно найти использованн ИАЗВАНИЕ КАЖДОГО МЕСТА НА СТР 4. ПОСЛЕ					
	вопросник	А ЗАПОЛНИТЕ БЛАНК МЕСТА ДЛЯ КАЖДОГО <mark>У</mark>	/ПОМЯНУТОГО МЕСТА.				
K13	наркотиков? ЗАПИШИТЕ Н	В каких местах поблизости отсюда можно встретить потребителей инъекционных наркотиков? ЗАПИШИТЕ НАЗВАНИЕ КАЖДОГО МЕСТА НА СТР 4. ПОСЛЕ ЗАВЕРШЕНИЯ ЭТОГО ВОПРОСНИКА ЗАПОЛНИТЕ БЛАНК МЕСТА ДЛЯ КАЖДОГО УПОМЯНУТОГО МЕСТА.					
K14	Поблизости отсюда знакомятся ли со своими клиентами женщины, оказывающие сексуальные услуги?						
К15	В каких места	х можно найти женщин, оказывающих сексуальн	ые услуги?				
	ЗАПИШИТЕ НАЗВАНИЕ КАЖДОГО МЕСТА НА СТР 4. ПОСЛЕ ЗАВЕРШЕНИЯ ЭТОГО ВОПРОСНИКА ЗАПОЛНИТЕ БЛАНК МЕСТА ДЛЯ КАЖДОГО УПОМЯНУТОГО МЕСТА						
K16	Количество м минутах ходы	ест, указанных ключевым информантом в 10 бы отсюда					
	Количество м	ест, указанных ключевым информантом					
	более 10 мин	ут ходьбы отсюда					

ПРЕДВАРИТЕЛЬНЫЙ СПИСОК СООБЩЕННЫХ МЕСТ. ИСПОЛЬЗУЯ ЭТОТ СПИСОК, СПРОСИТЕ РЕСПОНДЕНТА

Из всех упомянутых Вами мест, назовите, пожалуйста, одно, где больше людей встречают новых половых партнеров?

Из всех упомянутых Вами мест, назовите, пожалуйста, одно, где можно встретить больше потребителей инъекционных наркотиков или использованные шприцы?

Из всех упомянутых Вами мест, назовите, пожалуйста, одно, где можно встретить больше женщины, оказывающих сексуальные услуги?

ПОСЛЕ ТОГО, КАК ВЫ ОПРЕДИЛИЛИ МЕСТА, ЗАПОЛНИТЕ БЛАНК МЕСТА ДЛЯ КАЖДОГО МЕСТА, УАЗАННОГО В СПИСКЕ

1	В 10 минутах ходьбы отсюда 1	Более 10 минут ходьбы отсюда 2
2	_ 1	2
3	. 1	2
4	. 1	2
5	. 1	2
6	. 1	2
7	. 1	2
8	_ 1	2
9	_ 1	2
10	_ 1	2

БЛАНК ОТКАЗА КЛЮЧЕВОГО ИНФОРМАНТА 2003 г

Nº	Вопросы	Кате	гории кодирования
			Алматы 1
K1	Город		Караганды 2
			Ташкент 3
			Ош 4
			Ош 4
K2	Место проведения интервью		Участок в городе
K3	Номер интервьюера		
K4	Дата (день, месяц, год)		//
17.5	Пол ключевого информанта	3	МУЖСКОЙ 1
K5			ЖЕНСКИЙ 2
140	Тип ключевого информанта	1:	ВВЕДИТЕ КОД:
K6	ВОДИТЕЛЬ С ДИ РАБОТНИК (-ЦА) КОММЕР ПОТРЕБИТЕЛЬ РАБОТНИК НПО И РАБОТНИК ВЕНЕРОЛОГИЧЕСКОГО РАБОТНИК СКО МИЛИЦИОНЕР / ПО РАБОТНИК ЗДРИ ПРОДАВЕЦ ЛАРЬКА ТОРГОВЕЦ / РАБОТНИ	(РКС) 4 КЛИЕНТ РКС 5 СУТЕНЕР 6 ИНЪЕКЦИОННЫХ НАРКОТИКОВ 7 ОБЩЕСТВЕННОЙ ОРГАНИЗАЦИИ 8 ИК СПИД ЦЕНТРА, АНСЕРА, КОЖНО- О ДИСПАНСЕРА 9 ОРОЙ ПОМОЩИ 10 ОЛИЦЕЙСКИЙ 11 АВООХРАНЕНИЯ / АПТЕК 12 А / МАГАЗИНА 13	БАРМЕН/ОФИЦИАНТ 16 РАБОТНИК ГОСТИНИЦЫ 17 РАБОТНИК БАНИ/САУНЫ 18 БОМЖ 19 БЕЗРАБОТНЫЙ 20 ИНОГОРОДНИЙ (-ЯЯ) 21 ДВОРНИК 22 УБОРЩИК (-ЦА) ПОДЪЕЗДОВ 23 РАБОТНИК КСК 24 МОЛОДЕЖЬ 25 ЖИТЕЛЬ ОБЩЕЖИТИЯ 26 ЖИТЕЛЬ РАЙОНА 27 НЕ ОПРЕДЕЛЕН ТИП ИНФОРМАНТА 30 ДРУГОЕ50

БЛАНК МЕСТА 2003 г

S1	Город			Алмат	гы 1		
31	Город		Караганды 2				
				Ташке			
				Оц			
S2	Место проведения интервь	ю	Номер участка _				
S3	Номер интервьюера / Номе информанта	р ключевого	/				
S4	Номер места в анкете						
S5	Название места						
S6			в 10 минутах ходьб	ы отсюд	да 1		
	Названо как приоритетное место		более 10 минут ходьб	ы отсюд	да 2		
S7	Адрес этого места и как его) найти					
S8	Где расположено это м	иесто	Номер участка				
S9	ТИП МЕСТА:		*ВВЕДИТЕ КОД :				
	01 БАР / КАФЕ / РЕСТО 02 НОЧНОЙ КЛУБ / ДИСКО 03 КАЗИНО 04 ГЕЙ КЛУБ 05 ГОСТИНИЦА 06 БАНЯ / САУНА 07 БИЛЬЯРДНЫЙ ЗАЛ/КЛУ 08 ИГРОВОЙ ЗАЛ 09 КОМПЬЮТЕРНЫЙ КЛУЕ 10 ОБЩЕЖИТИЕ 11 ЧАСТНАЯ КВАРТИРА/ДОВОВ В ПОДВАЛ / ЧЕРДАК 13 ЛЕСТНИЧНАЯ ПЛОЩАД 14 НЕИСПОЛЬЗУЕМОЕ / Б	TEKA Б Б ОМ ЦКА / ПОДЪЕЗД Д					
S10	В этом месте		TIONIA POTROLIZIOT HODE IX BORDE IX BORTHOODS	да	нет		
	2 010W W0010	Можно н	Люди встречают новых половых партнеров айти потребителей инъекционных наркотиков	1	2		
		IVIO/IIIO H	Можно найти использованные шприцы	1	2		
		Можно встрети	ть женщин, оказывающих сексуальные услуги	1	2		
		· ·	, , ,	1	2		

ФОРМА ОЦЕНКИ МЕСТА 2003 г

				Номер	
Nº	Вопросы	Категории к	одирован	RNI-	
V1	Город			АЛМАТ	
				КАРАГАНД	•
				ТАШКЕН О	НТ 3 Ш 4
V2	Расположение места			Код участка	
V3	Идентификационный ном списке	ер места в			
V3.1	Сколько ключевых информазвали это место?	омантов			
V4	Название места				
V5					
۷3	Точный адрес				
V6	Находится ли это место н минут ходьбы от	не более 10		Да	Нет
	ПРОЧИТАЙТЕ СПИСОК			Загруженной транспортом дороги 1	2 2
	ОБВЕДИТЕ ОДИН КОД Д КАЖДОГО ВАРИАНТА	µя		Остановки общественного транспорта 1 Стоянки грузового транспорта 1 Станции метро 1	2 2
V7	ТИП МЕСТА: 01 БАР / КАФЕ / РЕСТОРАН 02 НОЧНОЙ КЛУБ / ДИСКОТЕКА 03 КАЗИНО 04 ГЕЙ КЛУБ 05 ГОСТИНИЦА 06 БАНЯ / САУНА 07 БИЛЬЯРДНЫЙ ЗАЛ/КЛУБ 08 ИГРОВОЙ ЗАЛ 09 КОМПЬЮТЕРНЫЙ КЛУБ 10 ОБЩЕЖИТИЕ 11 ЧАСТНАЯ КВАРТИРА/ДОМ 12 ПОДВАЛ / ЧЕРДАК			*ВВЕДИТЕ КОД: 15 ТЕРРИТОРИЯ ШКОЛЫ 16 ТЕРРИТОРИЯ КОЛЛЕДЖА / ПРОФЕССИОНАЛЬНОЙ ШКОЛЫ 17 ТЕРРИТОРИЯ ВУЗА 18 ЖЕЛЕЗНОДОРОЖНЫЙ ВОКЗАЛ 19 АВТОВОКЗАЛ 20 АЭРОПОРТ 21 СТОЯНКА ГРУЗОВИКОВ 22 СТОЯНКА ТАКСИ 23 УЛИЦА 24 ПОДЗЕМНЫЙ ПЕРЕХОД 25 РЫНОК	
	13 ЛЕСТНИЧНАЯ ПЛОЩ. 14 НЕИСПОЛЬЗУЕМОЕ			26 ПАРК / СКВЕР 27 ДРУГОЕ	
V9	Номер интервьюера	D. GELLINOE	OF41 11 18 1E		
V10	Дата (ДЕНЬ/МЕСЯЦ)				
V 10	дата (детто/мес/пд)				

Nº	Вопросы	Категории кодиров	зания		
V11	День недели		ПОНЕДЕЛЬНИК 1 ВТОРНИК 2 СРЕДА 3 ЧЕТВЕРГ 4 ПЯТНИЦА 5 СУББОТА 6 ВОСКРЕСЕНЬЕ 7		
V12	Время начала интервью		::		
	(ПО 24-ЧАСОВОЙ СИСТ	EME)			
V13	Количество людей наход момент прибытия.	ящихся на месте на	МУЖЧИН:		
	Интервьюер: нужно посчі момент Вашего прибытия		женщин:		
V13	Количество использован обнаруженных интервью				
V14	Пол респондента		МУЖСКОЙ 1 ЖЕНСКИЙ 2		
осущее месте Вашего добров Вы буд исслед Данное месте хотели Ниже гесть во	Здравствуйте. Я работаю в ФАКТ. Мы собираем информацию о том, где в городе необходимо осуществлять программы по здравоохранению. Поэтому я хочу задать Вам несколько вопросов об этом месте и о людях сюда приходящих. Интервью займет у Вас от 15 до 30 минут. Я не буду спрашивать Вашего имени или любую другую информацию на Вас указывающую. Ваше участие является добровольным, и Вы можете не отвечать на отдельные вопросы или отказаться от интервью. Возможно, Вы будете смущены некоторыми вопросами. Может быть Вы не получите прямой выгоды от настоящего исследования, но данная Вами информация поможет в планировании программ по здравоохранению. Данное исследование проводится во многих местах нашего города. Вся полученная информация об этом месте будет анализироваться только в обобщенном виде вместе с информацией из других мест. Мы хотели бы быть уверенными в том, что Вам больше 17 лет. Ниже приведены имя и контактный телефон человека, отвечающего за данное исследование. Если у Вас есть вопросы, Вы можете обратиться к по тел. в Ташкенте,				
ответс	твенной за проведение ис	следования.			
V15	Вы согласны участво	вать?	ДА 1 HET 2		
V16	Сколько Вам лет? * ЗАВЕРШИТЕ ИНТЕРВЬ РЕСПОНДЕНТ МЛАДШЕ	18 ЛЕТ	Точный возраст		
V17	Сколько лет прошло с те местом для проведения и	х пор, как оно стало	Менее одного года 0 От 1 до 2 лет 1 От 3 до 5 лет 2 От 6 до 10 лет 3 Более 10 лет 4 Не применимо 9		

Nº	Вопросы Категории кодирования									
V18							ДА	HET	3/	/O
1.0	Чем здесь занимаюто	СЯ	Пьют г			IOT DUDO	4	2		8
	люди?		П	ьют крепкие	т іь е алкогольные	-	1	2 2		8
				•	рят телевизор		i	2		8
	ПРОЧИТАЙТЕ СПИС	ОК				Ганцуют	1	2		8
	ОБВЕДИТЕ ОДИН КО	ОД ДЛЯ			Слушают		1	2		8
	КАЖДОГО ВИДА			Игры (ком	пьютерные, ав		1	2		8
	ДЕЯТЕЛЬНОСТИ				0	Едят	1	2		8
	Мне сказали, что люди зн	акоматса			Смотрят стрип	тиз шоу да		<u>2</u> нет	3/0	8 0
V19	с половыми партнерами і		N 4							
	подобных этому. Действи	тельно	_	•	здесь новых	1		2	8	į.
	ли				ров – женщин? т здесь новых			0	_	
	ЗАЧИТАЙТЕ СПИСОК			ных партне		1		2	8	1
					здесь новых	1		2	8	
					ров – мужчин?	'		2	"	
				ли кто-ниб		1		2	8	
				акомиться						
					ди встречают	1		2	8	
			партнеро	вых сексуал	'		2	"		
١,٠٥٥			Партнеро	ь:			1			
V20	Знакомятся ли здесь жен	щины,							Да	1
	оказывающие сексуальны	ые услуги,	co					ŀ	Нет	2
	своими клиентами?									
								Не зн	аю	8
V21								0		
	Если ДА,		От 1 до 2 лет От 3 до 5 лет				1			
	Сколько лет прошло с тог	•			(От 3 до 5 лет 2 От 6 до 10 лет 3				
	этом месте женщины, ока		e			`	Более 10 лет			4
	сексуальные услуги, нача клиентов?	ли искать		Не знак						8
прог										
HOAII	ИТАЙТЕ: Давайте поговорі На ваш взгляд, среди мух				т сюда в "часы Никто	пик". <u>Некот</u>	·O	Болы	IIIN⊓C.	TR
	"часы пик", какую часть с			40 0	I IVIKIO	<u>пекот</u> рые	<u> </u>	о/ По		
V22	(а) Безработные				0	1			2	
	(b) Студенты				0	1			2	
	(с) Младше 18 лет				0	1			2	
	(d) Живут в 10 минутах и		одьбы отсю	да	0	1			2	
	(е) Жители другого района				0	1			2	
	(f) Приезжают сюда на машине или такси			NT0	0	1			2	
	(g) Приезжают сюда на общественном транспорте			ррте	0	<u>1</u>			2	
	(h) Приходят сюда хотя бы раз в неделю (i) Пьют здесь алкогольные напитки				0	1 1			2	
					0	<u>'</u> 1			2	
		одят здесь новых половых партнеров роятно являются людьми, употребляющими			-				2	
	инъекционные наркотики				0	1				
	(I) Вероятно являются го			ями)	0	1			2	
	(m) Вероятно являются к		кенщин,		0	1			2	
	предлагающих секс за деньги									

Nº	Вопросы	Категории кодирова	- RNH						
	На ваш взгляд, среди жен			Никто	Нек	ОТО	Больц	ІИНСТЕ	во/
	пик", какую часть составля	тон			рь	ie_	Почт	ги все	9
V24	(а) Безработные			0	1			2	
	(b) Студенты			0	1			2	
	(с) Младше 18 лет			0	1			2	
	(d) Живут в 10 минутах хо	льбы отсюла		0	1			2	
	(е) Жители другого района			0	1			<u>-</u> 2	
	(f) Приезжают сюда на ма			0	1			2	
	(д) Приезжают сюда на об			0	1			2	
	(h) Приходят сюда хотя бы			0	1			2	
				1 1			2		
	(і) Пьют здесь алкогольны			0	1				
	(ј) Находят здесь новых по			0	1			2	
	(k) Вероятно являются лю	дьми, употреоляющими		0	1			2	
	инъекционные наркотики								
	(I) Вероятно являются жен	нщинами предлагающие	секс	0	1			2	
	за деньги		ı						
V25		а, "часы пик" типичные		Утро	День	Be		Ночь	
	для данного места за	а последние два		6-11	11-17	17-		22-6	ì
	месяца?		ПН	1	2	3		4	
	СПРОСИТЕ О ЛНЯХ	И ВРЕМЕНИ СУТОК И	BT	1	2	3		4	
	ОТМЕТЬТЕ НУЖНЫ		CP	1	2	3		4	
			ЧТ	1	2	3	3	4	
	МОЖНО ОТМЕТИТЬ	НЕСКОЛЬКО	ПТ	1	2	3	3	4	
	OTBETOB		СБ	1	2	3	3	4	
			BC	1	2	3	3	4	
\/OC	Llessure - sweet visc			< 10) 1		251	200	0
V26	Назовите, пожалуйст			11-25	5 2		251-		8
	количество людей (мужчин и женщин),			26-50			301-		9
	посещающих данное	е место в часы пик.		51-100			351-		10
	ПРИ НЕОБХОДИМО	СТИ. ЗАЧИТАЙТЕ		101-150	5		401-		11
	ВАРИАНТЫ			151-200 6 451-500 204-250 7 > 500				12	
				201-250	7		>	500	13
\	Оцените, пожалуйста	а, приблизительное							
V27		и женщин, посещающих				Муж	чин		
	данное место в часы					Же́нь			
V28	Укажите наиболее по	осещаемые периоды?					Д	а н	lет
						ЗИМ	IA 1	1	2
						BECH			2
						ЛЕТ			2
						OCEH			2
					ПРАЗ	здникі			2
	1_	_							4 1
V29	Проводилась ли зде							HET	Г2
	мероприятия/действ	ия по профилактике	Еспи л	да, то какие?)				_
	ВИЧ/СПИД?			,,		Лекции	и/семин	ары	1
							оы/лист		
					_	рош.ог		каты	
				Разла	ча однор	азовых			4
				. сода			зерваті		5
				Друго		pc	COPDUIN	.200	٥
				HP 31 C			BCF	ΕΓДΑ	1
V30	Были ли здесь досту							ГДА	
	течение последних 1	2 месяцев?					НИКС		
							HE 3I		
							1112 31	IVIO	J

Nº	Вопросы Категории кодирования				
V31.1	Есть ли здесь сегодня в наличии презервативы? Если ДА, могу ли я их		ДА, НО ВЫ НЕ МОЖЕТЕ ИХ УВИДЕТЬ	1	
	увидеть?	и дл, могу или их	ДА, ПРЕЗЕРВАТИВЫ ПОКАЗАНЫ	2	
V31.2	Назовите общее ко		HET	3	
V31.3	марок/производите	лей?	КОЛИЧЕСТВО МАРОК/ПРОИЗВОДИТЕЛЕЙ ПРЕЗЕРВАТИВОВ:		
V31.3	Назовите марки эті	их презервативов?	Назовите марки этих презервативов:		
V32	Можно ли ночью на		ДА	 1	
	презервативы неда более 10 минут ход	леко от этого места (не выбы отсюда)?	HET	2	
	- Cornec no mining i Map		НЕ ЗНАЮ	8	
V34		ы здесь продавались	ДА	1	
	презервативы?		HET	2	
			НЕ ПРИМЕНИМО	9	
V35		роблеме наркомании в пъко распространено этиков в этом районе?	ОЧЕНЬ РАСПРОСТРАНЕНО	1	
			ОТНОСИТЕЛЬНО РАСПРОСТРАНЕНО	2	
	yno poosionio napi	orrings sorom parione.	НЕ ОЧЕНЬ РАСПРОСТРАНЕНО	3	
			ВООБЩЕ НЕТ В ЭТОМ РАЙОНЕ	4	
V36		льзованные иглы или 1 около этого места за	Да 	1	
	последние 3 месяц		Нет	2	
V37	Встречаются ли в з		Да 	1	
	· '	ъекционные наркотики?	Нет	2	
V38	Сколько времени п этом месте можно	рошло с тех пор, как в встретить людей.	Менее одного года	0	
		ъекционные наркотики	От 1 до 2 лет	1	
	СПАСИБО ЗА ПОМ	ЮЩЬ, ДО СВИДАНИЯ!	От 3 до 5 лет	2	
			От 6 до 10 лет	3	
			Более 10 лет	4	
			Не знаю	8	
V39	Наблюдение: Приз профилактике СПИ интервьюером на м		КОЛ-ВО ИМЕЮЩИХСЯ ПЛАКАТО (СПИД))B —	
			КОЛ-ВО БРОШЮР НА УЧАСТКЕ (СПИД)		
			КОЛИЧЕСТВО ПРЕЗЕРВАТИВОВ, КОТОРОЕ		
			МОЖНО УВИДЕТЬ		

Нумерацию в анкете обязательно потом посмотри!!!!!!!!!!!!

БЛАНК ОТКАЗА ПО ФОРМЕ ОЦЕНКИ МЕСТА 2003 Г

Номер _____

Nº	Вопросы	Категории кодирования		
B1	Город			Алматы 1 Караганды 2 Ташкент 3 Ош 4
B2	Расположение места			Код участка
В3	Идентификационный списке	номер мес	та в	
B4	Сколько ключевых ин это место?	формантов	в назвали	
B5	Название места			
B6	Точный адрес			
B7	Результат провер места	МЕСТО : СУЩЕСТ		МЕСТО НЕ НАЙДЕНО/НЕПРАВИЛЬНЫЙ АДРЕС 1 ИЕСТО НАЙДЕНО, НО В ИНТЕРВЬЮ ОТКАЗАНО 2 МЕСТО ВРЕМЕННО ЗАКРЫТО 3 ЗАКРЫТО ПОСТОЯННО/ ИЛИ БОЛЬШЕ НЕ ВУЕТ 4 ИЕСТО УЖЕ НАЗЫВАЛОСЬ/ДУБЛИРУЕТСЯ 5
B8	В ТИП МЕСТА: 01 БАР / КАФЕ / РЕСТОРАН 02 НОЧНОЙ КЛУБ / ДИСКОТЕКА 03 КАЗИНО 04 ГЕЙ КЛУБ 05 ГОСТИНИЦА 06 БАНЯ / САУНА 07 БИЛЬЯРДНЫЙ ЗАЛ/КЛУБ 08 ИГРОВОЙ ЗАЛ 09 КОМПЬЮТЕРНЫЙ КЛУБ 10 ОБЩЕЖИТИЕ 11 ЧАСТНАЯ КВАРТИРА/ДОМ 12 ПОДВАЛ / ЧЕРДАК 13 ЛЕСТНИЧНАЯ ПЛОЩАДКА / ПОДЪЕЗД ДОМА 14 НЕИСПОЛЬЗУЕМОЕ / БРОШЕННОЕ ЗДАНИЕ		подъезд	*ВВЕДИТЕ КОД:
В9	Номер интервьюе	na		
B10	Дата (ДЕНЬ/МЕСЯЦ)	•		/

ИНДИВИДУАЛЬНАЯ АНКЕТА 2003 г

Q1. Название города:

- 1. Алматы
- 2. Караганды
- Ташкент
 Ош

Q2. Пол интервьюера и н	омер:
-------------------------	-------

1.	Мужской	2. Женски	й Индивидуальный номер интервьюера				
Q3.	Q3. Последовательный номер индивидуального интервью на месте:						
Q4.	Q4. Название и идентификационный номер места:						
Q4.	Q4.1. Расположение места. Код участка:						
Q5.	Q5. Дата (День/Месяц/Год)/						
Q6.	Время су	ток : (24-ча	совая система) : :				
<u>Инп</u>	<u>Интервьюер</u> : необходимо заполнить перед каждым интервью.						
Q7. Количество людей находящихся на месте во время интервью:							
<u>Интервьюер</u> : необходимо заполнить перед каждым интервью.							
МУΣ	КЧИН:		ЖЕНЩИН:				

Q8. Пол респондента:

- 1. МУЖСКОЙ
- 2. ЖЕНСКИЙ
- Q9. Мнение интервьюера, является ли респондент наркозависимым или предоставляет сексуальные услуги за деньги:
- 1. ТОЛЬКО НАРКОЗАВИСИМЫЙ (-АЯ)
- 2. ТОЛЬКО ПРЕДОСТ. СЕКС. УСЛУГИ
- 3. И ТО И ДРУГОЕ
- 4. НИ ТО И НИ ДРУГОЕ

Здравствуйте. Я работаю в ФАКТ. Мы собираем информацию для разработки и внедрения программ по здравоохранению, включая профилактические программы по ВИЧ/СПИДу и другим заболеваниям. Для этого мы бы хотели задать Вам несколько вопросов относительно вашего поведения, включая несколько интимных вопросов о сексуальном поведении. Интервью продлится от 20 до 30 минут. Мы не будем спрашивать Вашего имени. Мы не будем Вас беспокоить в будущем. Ваши ответы никоим образом на Вас не отразятся. Ваше участие полностью добровольно. Вы можете отказаться отвечать на отдельные вопросы и от интервью в целом. Некоторые вопросы могут Вас смутить. Возможно, Вы не получите прямую выгоду от исследования, но полученная в ходе этого исследования информация поможет лучше спланировать и осуществлять программы по здравоохранению.

Вся полученная информация будет анализироваться только в обобщенном виде вместе с ответами многих людей, которых мы опрашиваем. Если у Вас возникли какие-либо вопросы, Вы сможете связаться с _______ по тел. ______ в Ташкенте, ответственной за проведение исследования.

Q10.Вы согласны участвовать? <u>Интервьюер</u>: если нет, то прекратите интервью

1. ДА
2. HET
Q11. Сколько вам лет?
Интервьюер: если респондент младше 18 лет, то прекратите интервью
5. Q12.Вы живете в Ташкенте? 1. ДА
2. HET переход к вопросу Q12.2
Q12.1. Если ДА, то в каком микрорайоне или части города Вы проживаете?
Микрорайон или перекрестки улиц Код участка
Q12.2. Если за пределами Ташкенте, то где? 1. ТАШКЕНТ ОБЛАСТЬ
2. ДРУГАЯ ОБЛАСТЬ УЗБЕКИСТАНА
3. ДРУГАЯ СТРАНА СРЕДНЕЙ АЗИИ
4. ДРУГАЯ СТРАНА
Q12.3. Как далеко Вы живете от данного места (места опроса)? Расстояние: 1. 10 минут ходьбы и меньше
2. Более 10 минут ходьбы
Q13.Как долго Вы здесь /там/ живете?
КОЛИЧЕСТВО ЛЕТ
МЕНЕЕ ОДНОГО ГОДА 0
ВСЮ ЖИЗНЬ 97
Q14.Сколько ночей Вы провели за пределами города за последние три месяца?
КОЛИЧЕСТВО НОЧЕЙ:
Q15.Как часто Вы приходите в это место? Интервьюер: ТОЛЬКО ОДИН ОТВЕТ

- 1. КАЖДЫЙ ДЕНЬ
- 2. 4-6 РАЗ В НЕДЕЛЮ
- 3. 2-3 РАЗА В НЕДЕЛЮ
- 4. ОДИН РАЗ В НЕДЕЛЮ
- 5. 2-3 РАЗА В МЕСЯЦ
- 6. ОДИН РАЗ В МЕСЯЦ
- 7. МЕНЕЕ ОДНОГО РАЗА В МЕСЯЦ
- 8. ЭТО МОЙ ПЕРВЫЙ ВИЗИТ

Q16.Сколько	раз за последние	7 суток	, включая сегодня,	Вы посеща	али это место?
C I O' O' I O' I DICO	pus su moonicamine	, cy , c ,	, Divino iuri cei egiiri,	DDI IIOCCE	

Количество	дней	(OT	1 до	7)	
------------	------	-----	------	----	--

Q17.Когда Вы пришли сюда впервые?

- 1. ЭТО МОЙ ПЕРВЫЙ ВИЗИТ
- 2. НЕ БОЛЕЕ 4 НЕДЕЛЬ НАЗАД
- 3. НЕ БОЛЕЕ 2-6 МЕСЯЦЕВ НАЗАД
- 4. НЕ БОЛЕЕ 7-12 МЕСЯЦЕВ НАЗАД
- 5. БОЛЕЕ ГОДА НАЗАД

Q18.Как Вы добрались до этого места сегодня? *Интервьюер:* ТОЛЬКО ОДИН ОТВЕТ

- 1. Пешком
- 2. На машине
- 3. На общественном транспорте

Q19.Некоторые люди встречают новых сексуальных партнеров в местах подобных этому. Как Вы считаете, встречают ли люди здесь новых сексуальных партнеров, то есть людей, с которыми они еще никогда не занимались сексом?

- 1. ДА
- 2. HET

Q20.Какая цель Вашего прихода в данное место? *Интервьюер:* ПРОЧИТАЙТЕ СПИСОК.И

ОБВЕДИТЕ ОДИН КОД ДЛЯ КАЖДОГО ВАРИАНТА

	Да	Нет
Употребление алкогольных напитков	1	2
Встреча/поиск нового полового партнера	1	2
Встреча/общение с друзьями	1	2

Q21.Вы когда-нибудь знакомились здесь с человеком, который стал Вашим новым сексуальным партнером?

- 1. ДА
- 2. HET → переход к вопросу Q24

Q22.Когда Вы в последний раз познакомились здесь с новым сексуальным партнером?

- 1. НЕ БОЛЕЕ 24 ЧАСОВ НАЗАД
- 2. НЕ БОЛЕЕ 7 ДНЕЙ НАЗАД
- 3. НЕ БОЛЕЕ 2-4 НЕДЕЛЬ НАЗАД
- 4. НЕ БОЛЕЕ 2-3 МЕСЯЦЕВ НАЗАД
- 5. НЕ БОЛЕЕ 4-6 МЕСЯЦЕВ НАЗАД
- 6. НЕ БОЛЕЕ 7-12 МЕСЯЦЕВ НАЗАД
- 7. БОЛЕЕ ГОДА НАЗАД

Q23.Когда Вы в последний раз занимались сексом с <u>этим новым</u> партнером, пользовались ли Вы презервативом?

- 1. ДА
- 2. HET
- 3. НЕ ПОМНЮ

Q24.Сейчас я бы хотел спросить Вас о людях, с которыми Вы вступали в половые отношения за последние 4 недели. Вспомните, со сколькими разными людьми Вы занимались сексом за последние 4 недели?

Q25.Сколько из этих людей являлись новыми половыми партнерами за последние 4 недели?

КОЛИЧЕСТВО НОВЫХ ПАРТНЕРОВ ЗА ПОСЛЕДНИЕ 4 НЕДЕЛИ _____

НЕ БЫЛО НОВЫХ ПОЛОВЫХ ПАРТНЕРОВ 0

Q26.В последний раз, когда Вы занимались сексом с одним из этих <u>новых</u> партнеров, Вы пользовались презервативом?

- 1. ДА \rightarrow переход к вопросу Q28
- 2. HET

НЕ БЫЛО НОВЫХ ПАРТНЕРОВ ЗА ПОСЛЕДНИЕ 4 НЕДЕЛИ 9 o переход к вопросу Q29

Q27.Если Нет, то почему Вы не использовали презерватив со своим новым последним половым партнером?

Интервьюер: не зачитывать список предлагаемых ответов. Возможно несколько вариантов ответов.

- 1. Партнер был против.
- 2. Я не люблю использовать презервативы
- 3. Я доверяю своему партнеру
- 4. Я боюсь подозрений со стороны партнера
- 5. Использую другие контрацептивы
- 6. Презервативы очень дорогие

MEASURE Evaluation 219 7. Не имел(а) при себе презерватива 8. Презервативы не защищают от инфекций передающихся половым путем /СПИДа 9. Низкое качество презервативов/презервативы рвутся Q28.Как часто Вы использовали презервативы со своими новыми половыми партнерами за последние 4 недели? 1. Всегда 2. Иногда 3. Никогда Q29.Примерно сколько новых половых партнеров у Вас было в течение последних 12 месяцев? КОЛИЧЕСТВО ______ НЕ БЫЛО НОВЫХ ПОЛОВЫХ ПАРТНЕРОВ 0 Q30.У Вас есть постоянный половой партнер(ы), то есть тот (те), с которым Вы вступали в половые отношения как минимум ежемесячно в течение последнего года, или более? Это может быть супруг(а), любовник(ца) или кто-то еще. 1. ДА, У МЕНЯ ЕСТЬ РЕГУЛЯРНЫЙ(Е) ПАРТНЕР(Ы) 2. НЕТ РЕГУЛЯРНОГО ПАРТНЕРА → переход к вопросу Q32 Q31.Использовали ли Вы презерватив при последнем половом акте с Вашим постоянным половым партнером? 1. ДА 2. HET Q32.3а последние 12 месяцев рвался ли у Вас презерватив? 1. ДА 2. HET 3. Не использую презервативы 4. Не было половых партнеров в течение последних 12 месяцев. Q33.Сколько у Вас было половых партнеров, включая регулярных, новых и других партнеров в течение последних 12 месяцев? КОЛИЧЕСТВО НЕ БЫЛО ПОЛОВЫХ ПАРТНЕРОВ 0 Q34.Из них назовите, пожалуйста, самый молодой возраст и самый старший возраст? Интервьюер: если был только один половой партнер, то нужно поставить возраст в двух позициях, если вообще не было партнеров, то поставить код 97 в двух позициях.

Q35.Когда вы пользовались презервативом в последний раз?

- 1. НЕ БОЛЕЕ 24 ЧАСОВ НАЗАД
- 2. НЕ БОЛЕЕ НЕДЕЛИ НЕЗАД

3. НЕ БОЛЕЕ 4 НЕДЕЛЬ НАЗАД

- 4. НЕ БОЛЕЕ 2-6 МЕСЯЦЕВ НАЗАД
- 5. НЕ БОЛЕЕ 7-12 МЕСЯЦЕВ НАЗАД
- 6. БОЛЕЕ ГОДА НАЗАД
- 7. НИКОГДА НЕ ПОЛЬЗОВАЛСЯ(ЛАСЬ) ПРЕЗЕРВАТИВОМ \rightarrow переход к вопросу Q38

Q36.Где Вы взяли презерватив, который использовали в последний раз?

- 1. В МАГАЗИНЕ
- 2. В АПТЕКЕ
- 3. В КИОСКЕ
- 4. ПРЕЗЕРВАТИВ БЫЛ У ПАРТНЕРА
- 5. У ДРУГА
- 6. ПОЛУЧИЛ БЕСПЛАТНО
- 7. В Баре/ночном клубе/ресторане/гостинице
- 8. ДРУГОЕ

Q37.Какой марки был презерватив, который Вы использовали последний раз? Интервьюер: Только один ответ.

- 1. Favorite
- 2. Durex
- 3. Pilotos
- 4. Two to Tango
- 5. Innotex
- 6. Vizit
- 7. Lifestyle
- 8. Context
- 9. Desire
- 10. Gold Circle
- 11. Индийские
- 12. Другие_
- 13. Не знаю/не помню

Q38. У Вас есть с собой презерватив?

- 1. ПРЕЗЕРВАТИВ ЕСТЬ, НО Я ЕГО НЕ ПОКАЖУ \rightarrow переход к вопросу Q39
- 2. ДА, И ПРЕЗЕРВАТИВ ПОКАЗАН
- 3. ПРЕЗЕРВАТИВА С СОБОЙ НЕТ → переход к вопросу Q39

Q38.1.ЕСЛИ ДА, Могу ли я посмотреть? Если презерватив показан, то назовите его марку?

<u>Интервьюер</u>: Возможно, несколько вариантов ответов, если респондент показал презервативы разных марок

- 1. Favorite
- 2. Durex
- 3. Pilotos
- 4. Two to Tango

- 5. Innotex
- 6. Vizit
- 7. Lifestyle
- 8. Context
- 9. Desire
- 10. Gold Circle
- 11. Индийские
- 12. Другие_____

Q39.По Вашему мнению, какая цена презерватива является приемлемой? Укажите цену в тенге за один презерватив.

Цена	COM

Q40. Слышали ли Вы или видели какую-либо информацию о ВИЧ/ СПИДе за последние 12 месяцев?

- 1. ДА
- 2. HET → переход к вопросу Q41

Q40.1. Если ДА, то из каких источников Вы получали эту информацию?<u>Интервьюер</u>: прочитайте список. ОБВЕДИТЕ ОДИН КОД ДЛЯ КАЖДОГО ВАРИАНТА

	Да	Нет
Телевидение	1	2
Радио	1	2
Газеты/Журналы	1	2
Плакаты/Брошюры	1	2
От друзей или родственников	1	2
От врача/работника здравоохранения	1	2
В учебных заведениях	1	2
От аутрич работника	1	2
Другое	1	2

Q41.Работаете ли Вы в настоящее время?

- 1. ДА, ПОЛНАЯ ЗАНЯТОСТЬ
- 2. ДА, СЛУЧАЙНАЯ РАБОТА / НЕПОЛНАЯ ЗАНЯТОСТЬ
- 3. НЕТ, И НЕ ИЩУ РАБОТУ
- 4. НЕТ, ИЩУ РАБОТУ

Q42.Учитесь ли Вы в настоящее время?

- 1. ДА
- 2. HET

Q43.Состоите ли Вы с кем-либо в браке (зарегистрированном или незарегистрированном)?

- 1. ДА
- 2. HET

Q44.Ваш уровень образования?

- 1. НАЧАЛЬНОЕ (ДО 7 КЛАССОВ) ИЛИ НИКАКОГО
- 2. НЕЗАКОНЧЕННОЕ СРЕДНЕЕ (8-9 КЛАССОВ)
- 3. СРЕДНЕЕ
- 4. СРЕДНЕЕ СПЕЦИАЛЬНОЕ
- 5. НЕЗАКОНЧЕНООЕ ВЫСШЕЕ
- 6. ВЫСШЕЕ

Q45.Мы бы так же хотели знать о том, что Вы думаете о потреблении наркотиков в этом районе. По Вашему мнению, как сильно распространено потребление инъекционных наркотиков в этом районе? «РАЙОН» ОБОЗНАЧАЕТ УЧАСТОК, ГДЕ ПРОВОДИТСЯ ИНТЕРВЬЮ

- 1. ОЧЕНЬ РАСПРОСТРАНЕНО
- 2. ОТНОСИТЕЛЬНО РАСПРОСТРАНЕНО
- 3. НЕ ОЧЕНЬ РАСПРОСТРАНЕНО
- 4. НЕ РАСПРОСТРАНЕНО ВООБЩЕ
- 5. HE 3HAЮ

Q46.Как Вы считаете, приходят ли сюда люди, употребляющие инъекционные наркотики?

- 1. ДА
- 2. HET
- 3. НЕ ЗНАЮ

Q47.Знаете ли Вы что-нибудь о месте (местах) в Ташкенте, где потребители инъекционных наркотиков могут обменять использованные шприцы на новые?

- 1. ДА
- 2. HET

Q48.А теперь мы хотели бы задать Вам несколько вопросов о Вашем собственном опыте потребления инъекционных наркотиков. Ваши ответы будут сохранены в конфиденциальности. Вы когда-нибудь употребляли наркотики путем инъекций?

- 1. ДА
- 2. НИКОГДА НЕ УПОТРЕБЛЯЛ ИНЪЕКЦИОННЫЕ НАРКОТИКИ → переход к вопросу Q60
- OTKA3

Q49.ЕСЛИ ДА: Когда Вы в последний раз употребляли наркотики путем инъекций?

- 1. НЕ БОЛЕЕ 7 ДНЕЙ НАЗАД
- 2. НЕ БОЛЕЕ 2-4 НЕДЕЛЬ НАЗАД
- 3. НЕ БОЛЕЕ 2-3 МЕСЯЦЕВ НАЗАД
- 4. НЕ БОЛЕЕ 4-6 МЕСЯЦЕВ НАЗАД
- 5. НЕ БОЛЕЕ 7-12 МЕСЯЦЕВ НАЗАД \rightarrow переход к вопросу Q60
- 6. БОЛЕЕ ГОДА НАЗАД \rightarrow переход к вопросу Q60

Q50.С кем Вы преимущественно употребляете инъекционные наркотики?

Интервьюер: ПРОЧИТАЙТЕ ВАРИАНТЫ. Только один ответ.

- 1. Индивидуально
- 2. В постоянной группе
- 3. В случайной группе
- 4. Зависит от обстоятельств

Q51.Какие наркотики Вы принимаете путем инъекции наиболее часто?

Интервьюер: Возможно несколько ответов.

- 1. ХАНКА (СЫРОЙ ОПИУМ)
- 2. ГЕРОИН
- 3. ДРУГОЕ

Q52.Откуда был шприц, когда Вы употребляли наркотики путем инъекций в последний раз?

- 1. КУПИЛ В АПТЕКЕ
- 2. КУПИЛ В ДРУГОМ МЕСТЕ
- 3. ПОЛУЧИЛ В ПУНКТЕ ОБМЕНА ШПРИЦЕВ
- 4. ИСПОЛЬЗОВАЛ ШПРИЦ ДРУГА/ЗНАКОМОГО
- 5. ДРУГОЕ
- 6. НЕ ЗНАЮ/НЕ ПОМНЮ

Q53.В последний раз, когда Вы употребляли наркотики путем инъекций, пользовались ли Вы общей иглой или шприцем?

- 1. ДА
- 2. HET
- 3. НЕ ЗНАЮ/НЕ ПОМНЮ

Q54.3а последние 4 недели Вам доводилось ...

Интервьюер: ПРОЧИТАЙТЕ КАЖДЫЙ ВОПРОС И ПОЛУЧИТЕ НА НИХ ОТВЕТЫ.

	ДА	HET	Не знаю
Пользоваться общим шприцем вместе с другими потребителями	1	2	8
наркотиков			
Забирать наркотики из общей емкости	1	2	8
Пользоваться готовым раствором без его кипячения	1	2	8
Обменивать использованный шприц на новый	1	2	8

Q55.Сколько раз Вы употребляли инъекционные наркотики вчера? Сколько разных шприцов Вы использовали вчера?								
Q56.Co сколькими людьми Вам пришло недели? ВСЕГО:	сь пользоваться общим шприцем за последние четыре							
	КОЛИЧЕСТВО НОВЫХ:							

Q57.Вы можете достать новый шприц в любой момент, когда Вам это необходимо?

- ВСЕГДА → переход к вопросу Q59
 ИНОГДА
- 3. НИКОГДА

Q58.ЕСЛИ «ИНОГДА» или «НИКОГДА», то почему не всегда? Интервьюер: ВАРИАНТЫ НЕ ПРЕДЛАГАТЬ НЕТ ДЕНЕГ 2. ПУНКТ ОБМЕНА ШПРИЦЕВ НАХОДИТСЯ ДАЛЕКО 3. КИОСК ИЛИ АПТЕКА НАХОДЯТСЯ ДАЛЕКО 4. БОЯЗНЬ ПОЛИЦИИ 5. НЕ СЧИТАЮ НЕОБХОДИМЫМ РИОБРЕТАТЬ НОВЫЕ ШПРИЦЫ 6. ДРУГОЕ Q59.Сколько лет Вы употребляете инъекционные наркотики? КОЛИЧЕСТВО ЛЕТ ____ КОЛИЧЕСТВО МЕСЯЦЕВ ИНТЕРВЬЮЕР: СПРАШИВАТЬ У ВСЕХ РЕСПОНДЕНТОВ НЕЗАВИСИМО ОТ ТОГО, ПОТРЕБЛЯЮТ ОНИ НАРКОТИКИ ИЛИ НЕТ Q60.Вас когда-нибудь задерживала полиция за потребление инъекционных наркотиков? 1. ДА 2. HET → переход к вопросу Q63 Q61.ЕСЛИ ДА, как Вы считаете, было ли Ваше задержание зарегистрировано? 2. HET → переход к вопросу Q63 Q62.ЕСЛИ ДА, как Вы считаете, в настоящее время Вы состоите на учете в полиции как наркопотребитель? 1. ДА 2. HET → переход к вопросу Q63 ЕСЛИ ДА, с какого времени Вы состоите на учете в полиции как наркопотребитель? МЕСЯЦ____, ГОД_ Q63.Вы когда-нибудь обращались или Вас приводили к наркологу или в наркологический диспансер за потребление наркотиков? 1. ДА 2. HET → переход к вопросу Q66 Q64.ЕСЛИ ДА, то Вы когда-нибудь состояли на учете в наркологическом диспансере? 1. ДА 2. HET → переход к вопросу Q66 **Q65.ЕСЛИ ДА**, в настоящее время Вы состоите на учете в наркологическом диспансере? 1. ДА 2. HET → переход к вопросу Q66 ЕСЛИ ДА, с какого времени Вы состоите на учете в наркологическом диспансере? МЕСЯЦ , ГОД

Q66.По Вашему мнению, ВИЧ/СПИД является ли проблемой в городе Ташкент?

- 1. Серьезная проблема
- 2. Незначительная проблема
- 3. Это не проблема
- 4. Не знаю

Проблема СПИДа в Ташкенте становится все более актуальной. Поэтому нам важно оценить уровень знаний о ВИЧ/СПИДе и путях его передачи. По Вашему мнению, как можно заразиться ВИЧ/СПИДом?

Q67.Можно ли заразиться ВИЧ/СПИДом ...

Интервьюер: ПРОЧИТАЙТЕ КАЖДЫЙ ВОПРОС И ПОЛУЧИТЕ НА НИХ ОТВЕТЫ

	ДА	HET	Не знаю
При половом контакте без презерватива	1	2	8
При употреблении наркотиков общим шприцом	1	2	8
При пользовании общей посуды для приема пищи	1	2	8
При купании в общем бассейне	1	2	8
При укусе насекомого	1	2	8
При рукопожатии	1	2	8

Q68.Как можно снизить риск или избежать заражения ВИЧ/СПИДом? Какие способы Вы знаете? *Интервьюер: не зачитывайте ответы. Возможно несколько ответов.*

- 1. ИСПОЛЬЗОВАТЬ ПРЕЗЕРВАТИВЫ
- 2. ИМЕТЬ НЕБОЛЬШОЕ КОЛИЧЕСТВО ПОЛОВЫХ ПАРТНЕРОВ
- 3. ОБА ПАРТНЕРА ДОЛЖНЫ СОХРАНЯТЬ ВЕРНОСТЬ ДРУГ ДРУГУ
- 4. ИЗБЕГАТЬ СЛУЧАЙНЫХ ПОЛОВЫХ СВЯЗЕЙ
- 5. ОТКАЗАТЬСЯ ОТ СЕКСА ВООБЩЕ
- 6. ОТКАЗАТЬСЯ ОТ УСЛУГ КОММЕРЧЕСКОГО СЕКСА
- 7. ИЗБЕГАТЬ СОВМЕСТНОГО ИСПОЛЬЗОВАНИЯ ШПРИЦЕВ
- 8. ИЗБЕГАТЬ ПЕРЕЛИВАНИЯ КРОВИ

9.	ДРУГОЕ ((УКАЗАТЬ)	1

10. HE 3HAЮ

Q69.По Вашему мнению, насколько эффективны презервативы для защиты от инфекций передающихся половым путем включая ВИЧ?

- 1. Очень эффективны
- 2. Иногда эффективны
- 3. Не очень эффективны
- 4. Не эффективны вообще
- 5. Не знаю

Q70.По Вашему мнению, какая вероятность Вашего заражения вирусом СПИДа?

- 1. Очень высока
- 2. Не очень высока
- 3. Низкая вероятность
- 4. Нет такого риска
- 5. Не знаю

Q71.Может ли человек, имеющий здоровый вид, быть инфицированным ВИЧ/СПИДом?

1	п	ΙΛ.
	,	_

- 2. HET
- 3. НЕ ЗНАЮ

Q72.Где в Ташкенте можно сдать кровь из вены на ВИЧ?

Интервьюер: не зачитывайте ответы. Возможно несколько ответов.

- 1. Центры СПИД
- 2. Кожно-венерологический диспансер
- 3. Больница/поликлиника
- 4. Не знаю/Не помню
- 5. Другое

Q73.Сколько раз Вы сдавали кровь из вены на ВИЧ/СПИД за последние 12 месяцев?

КОЛИЧЕСТВО ТЕСТОВ _____

НЕ СДАВАЛ (A) КРОВЬ ИЗ ВЕНЫ НАВИЧ\СПИД 0 → переход к вопросу Q76

Q74.Ваша последняя проверка на ВИЧ/ СПИД была добровольной или обязательной (по направлению)? То есть, было ли это Вашим выбором или Вас к этому обязали?

- 1. ДОБРОВОЛЬНАЯ
- 2. ОБЯЗАТЕЛЬНАЯ

Q75.При последней сдаче крови на ВИЧ объясняли ли Вам пути заражения и давали другую информацию о ВИЧ?

- 1. ДА
- 2. HET

Q76.Хотели бы Вы пройти тест на ВИЧ, если бы это было по-настоящему анонимно?

- 1. ДА
- 2. HET

Q77.Слышали ли Вы когда-либо об инфекциях передающихся половым путем?

- 1. ДА
- 2. HET → переход к вопросу Q79 ИЛИ Q87

Q78.Если **ДА**, то, какие признаки и симптомы заставили бы Вас думать о наличии инфекций передающихся половым путем? <u>Интервьюер</u>: НЕ ЗАЧИТЫВАЙТЕ ОТВЕТЫ. ВОЗМОЖНО НЕСКОЛЬКО ВАРИАНТОВ ОТВЕТОВ

- 1. Боли внизу живота
- 2. Выделения из влагалища/пениса
- 3. Зуд в области гениталий
- 4. Боли при мочеиспускании
- 5. Боли во время полового акта
- 6. Язвы на гениталиях
- 7. Воспаления в области гениталий
- 8. Кровь в моче
- 9. Нарушения мочеиспускания
- 10. Потеря веса
- 11. Импотенция/Бесплодие
- 12. Нет симптомов
- 13. Не знаю
- 14. Отказ от ответа
- 15. Другое (запишите)_____

ВОПРОСЫ ТОЛЬКО ДЛЯ ЖЕНЩИН:								
Q79.Вступали	ЛИ	Вы	В	сексуальные	(
				_				

отношения за деньги или другое материальное вознаграждение в течение последних 3 месяцев?

- 1. ДА
- 2. HET → переход к вопросу Q85

РЕСПОНДЕНТ-МУЖЧИНА 9

Q80.ЕСЛИ ДА, укажите, пожалуйста, количество мест, где Вы искали клиентов в течение последних четырех недель. Количество мест__

Q81.ЕСЛИ ДА, из этих мест укажите названия тех мест, где Вы чаще всего искали клиентов? Для кодов: Идентификация мест по участкам.

Места:			
1	 	 	
2			
3			

Q82.В последний раз, когда Вы вступали в сексуальные отношения за деньги или другое материальное вознаграждение использовали ли Вы презерватив?

- 1. ДА
- 2. HET → переход к вопросу Q84

Q83.ЕСЛИ ДА, кто принял решение об использовании презерватива?

1. Я

2. Мой партнер

→ переход к вопросу Q85

- 3. Мой партнер и Я
- 4. Не помню

Q84.ЕСЛИ НЕТ, кто был против использования презерватива?

- 1. Партнер был против
- 2. Я не люблю использовать презервативы
- 3. Я доверяю своему партнеру
- 4. Я боюсь подозрений со стороны партнера
- 5. Использую другие контрацептивы
- 6. Презервативы очень дорогие
- 7. Не имел(а) при себе презерватива
- 8. Презервативы не защищают от ИППП/СПИД
- 9. Низкое качество презервативов/презервативы рвутся
- 10. Другое

Q85.Не замечали ли Вы у себя в последние 4 недели такие симптомы.....

Симптомы	ДА	HET
Боли внизу живота, не связанные с менструацией	1	2
Необычные выделения	1	2
Язвочки	1	2

Q86.Если у Вас были какие-либо из вышеназванных симптомов, то получали ли вы лечение за последние 4 недели?

	ДА	HET
Лечилась самостоятельно	1	2
У частнопрактикующего врача	1	2
Поликлиника/Больница	1	2
Не лечилась	1	2

ВОПРОСЫ ТОЛЬКО ДЛЯ МУЖЧИН:

Q87.Платили ли Вы кому-нибудь деньги или делали материальное вознаграждение в другой форме за сексуальные услуги в течение последних 3 месяцев?

- 1. ДА
- 2. HET
- 3. НЕ ПОМНЮ

РЕСПОНДЕНТ-ЖЕНЩИНА 9

Q88.Занимались ли Вы сексом с мужчиной в течение последних 4-х недель?

- 1. ДА
- 2. HET
- 3. НЕ ПОМНЮ

Q89.Не замечали ли Вы у себя в последние 4 недели такие симптомы....

Симптомы	ДА	HET
Боли при мочеиспускании	1	2
Необычные выделения	1	2
Язвочки	1	2

Q90.Если у Вас были какие-либо из вышеназванных симптомов, то получали ли вы лечение за последние 4 недели?

	ДА	HET
Лечилась самостоятельно	1	2
У частнопрактикующего врача	1	2
Поликлиника/Больница	1	2
Не лечилась	1	2

СПАСИБО ЗА ВАШЕ УЧАСТИЕ!